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The Impact of the Experience of Working with CBT on Counselling Psychologists' Professional Identity

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The Impact of the Experience of Working with CBT on Counselling Psychologists' Professional Identity

by

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ABSTRACT

Cognitive behaviour therapy (CBT) is a therapeutic modality which is commonly argued to be oriented to a medical model, and so to diverge significantly in theory and practice from the traditional relational and humanistic roots of counselling psychology. A large body of literature and research exists which examines counselling psychologists' professional identity in medical settings, but there appears to be a significant gap in the extant literature relating to how counselling psychologists experience professional identity specifically in the practice of CBT, a therapeutic modality which presently provides a considerable amount of employment for counselling psychologists. To address this gap, the present study sought to explore qualitatively whether counselling psychologists' experience of their professional identity is affected by the inclusion of CBT in their practice. A sample of eight counselling psychologists who worked with CBT and had been qualified for at least five years were interviewed. Data gathered from the semi-structured interviews were transcribed and analysed using interpretative phenomenological analysis (IPA), a method selected because it is concerned with the detailed examination of personal lived experience and the meaning of experience to participants. The methodology was approached within the contextual constructionist epistemological framework. Three superordinate themes, each containing four subordinate themes, emerged from participants' accounts: (i) components of professional identity; (ii) the contribution of CBT to the professional self; and (iii) how CBT compromises the professional self. The findings are discussed in relation to the relevant literature, and lines of enquiry that have emerged have been located in current postmodern literature, arguments and debates. One main conclusion of the present study is that feeling comfortable with CBT can

depend upon practitioners' initial training, personal experience, cultural background, personal characteristics and personal beliefs – that is, the professional self as emerging from the personal self. Clinical implications, methodological limitations, directions for future research and reflections upon the researcher's reflexivity are presented.

Key words: professional identity; counselling psychology; cognitive behaviour therapy (CBT); interpretative phenomenological analysis (IPA); medical model.

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CHAPTER I: INTRODUCTION

The present qualitative study explores possible relations between the experience of working with cognitive behaviour therapy (CBT) and counselling psychologists' professional identity. It can be argued that the development of an identity as a practitioner is likely to be related to the integration of different influences upon identity constituted by and through personal life, work and training experience (Athanasiades, 2008). In respect to the training experience, the participants in the current study are trained in the counselling psychology field of applied psychology, a distinguishing feature of which is its philosophical underpinnings.

The origins and roots of counselling psychology can be located in the USA with American humanistic and existential thinkers such as Abraham Maslow, Carl Rogers and Rollo May. However, practitioners are encouraged to work by embracing a multiplicity of therapeutic perspectives, such as humanistic/existential, psychodynamic or cognitive-behavioural, and the majority of training institutions teach an integrative approach to therapy. As Fear and Woolfe (1996) have emphasised, particularly when the profession had only recently been founded, there was a need among professionals to construct an identity and to find consonance in their philosophical and theoretical orientation in order to function effectively. Understandably, many practitioners were (and are) not aware of their own philosophical stance. It could be assumed that a coherent identity has been achieved due to some unifying factors, such as prevailing humanistic values and ethics, and the process of reflection as a base for good practice (Cooper, 2009).

The British Psychological Society (2005) describes counselling psychology as a profession which seeks to:

> *"engage with subjectivity and intersubjectivity, values and feelings…to know empathically and respect first person accounts as valid in their own terms… and…to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing…"(pp. 1–2).*

However, despite these unifying factors and values, the concept of professional identity is still a matter of controversial discussion and debate amongst professionals. The concepts and underlying philosophy of humanistic therapy, particularly the person-centred approach, and the cognitive behaviour paradigm, are viewed as differing in several respects (Gillon, 2007). Possible tensions and incompatibilities associated with these differences might be expected to have at least some impact on counselling psychologists' experience of their professional identity, to the extent that they find themselves working with a modality approach, such as CBT, which diverges crucially in theory and practice from the relational and humanistic roots of counselling psychology. For instance, according to Woolfe, Dryden and Strawbridge (2003), both the humanistic person-centred approach and counselling psychology focus attention on intersubjectivity and what it means to be human. The person-to-person relationship is given central importance as it is considered fundamental for therapeutic change to occur, whilst in CBT the therapeutic relationship is seen as necessary but not sufficient for therapeutic change (Woolfe, Dryden & Strawbridge, 2003). In fact, a commonly accepted view in the field is that CBT is not primarily focused on the therapeutic relationship (ibid). However, despite this widespread view, in 2002 the American Psychological Association reported that the link between therapeutic outcome and the therapeutic relationship was as strong for clients who undertook CBT as it was for clients who undertook other types of therapy (e.g.

humanistic and psychodynamic) (Mearns & Cooper, 2005). This is an interesting finding considering the above mentioned common belief in regard to CBT and the therapeutic relationship. According to Woolfe and his colleagues (2003) another difference seems to lie in the respective approaches' view of psychological disturbance and its suggested cause. The humanistic person-centred approach commonly assumes that the cause of psychological disturbance is the tension, or incongruence, between the experiences of the organism as a whole and those acknowledged within the self. Because this view emphasises client autonomy and self-direction, psychological distress is therefore understood in terms of client process (i.e. ways of relating to internal and external stimuli). The client is not diagnosed as having a particular disorder, but is seen as encountering patterns of difficulty in their relational experiences (Gillon, 2007). These processes may be attended to in different ways by therapists, but the client is always viewed as an active participant in the therapy: the emphasis remains on the client rather than on the disorder. The humanistic person-centred view also assumes that individuals already possesses the inner resources for growth (e.g. Rogers' self-actualising tendency), which allows him or her to be capable of changing within a facilitative environment manifesting in terms of necessary and sufficient conditions for therapeutic change (Rogers, 1957). As Gilbert and Leahy (2007) have emphasised, the humanistic core conditions of empathy, unconditional positive regard and congruence are also considered to be necessary in CBT, but not to be sufficient.

Approaches that fall within the CBT framework, on the other hand, tend to emphasise maladaptive thinking patterns as a major cause of psychological disturbance (Beck, 2005). Therefore it becomes possible to link specific psychological disorders to a particular pattern of thinking and, according to Padesky and Greenberg (1995), it is also possible to employ diagnostic techniques and pre-

determined interventions to ease them. Woolfe, Dryden and Strawbridge (2003) suggest that CBT emphasises the educational aspect of the therapeutic process, considering the client as a learner and the therapist a trainer of more helpful thinking skills. This makes CBT a quasi-medical-model based approach and, consequently, a disorder-specific approach. As in medicine, particular psychological illnesses are diagnosed and their symptoms treated in a structured way (ibid.).

Nevertheless, the CBT modality has continued to evolve and it can now be understood as being on a continuum of epistemological perspectives. This continuum ranges from the above described more positivistic, technique-oriented, pathologising and prescriptive approaches, to social constructionist perspectives that are less technically oriented, and where theory is based on relational principles and focuses also on being with the experience of the person. This latter end of the continuum attends to tailoring the model around clients in order to validate their unique experience. It is widely argued that the therapeutic process will be influenced by the therapeutic understanding held by the practitioner (Boucher, 2010).

Recently, there is a rapidly growing presence of counselling psychologists in working environments such as the National Health Service (NHS) where evidence-based approaches, including CBT, are an absolute requirement. Consequently it is becoming increasingly important to explore the ways in which counselling psychologists experience their professional identity when they practise CBT.

A conscious decision has been made to write this thesis in the third and first person. The third person will be used to maintain the scientific rigour of the project. However, in qualitative research, particularly in the IPA methodology, it is acknowledged that the researcher cannot be separated from the research process and the participants, and is thus never removed from the written report (even if written in

the third person). Consequently, the reflexive parts of this thesis, in which the researcher reflects on her positions and contributions to the research process, and the findings, will be written in the first person. The important role of the researcher in the research process will be outlined throughout Chapter III, beginning with the researcher positioning herself in respect to the research topic.

The chapters will be organised by firstly presenting a review of the relevant literature, positioning the study in relation to what has been written on the chosen topic and the research question (Chapter II). It will move on to an exploration of the methodology and method employed for the project, including the exploration of relevant epistemological and ontological issues that might have influenced the choice of the particular method, along with reflection on the basic design used in this study and a range of methods that might have been considered (Chapter III). There will then be a presentation of the findings of the study (Chapter IV) followed by a critical discussion of the findings positioning them in relation to existing literature encountered in Chapter II, and in new literature (Chapter V). Finally, a critique of the chosen methodology, and methodological limitations encountered whilst conducting the study will be described, followed by implications for practice, suggestions for future research and the researcher's reflections on her own experience of the research process and learning outcomes (Chapter VI).

The aim of the present study is to investigate qualitatively whether counselling psychologists' experience of their professional identity is influenced by the inclusion of CBT in their practice. In this context CBT is viewed as a modality which is commonly argued to diverge significantly in theory and practice from the traditional relational and humanistic roots of counselling psychology. Accordingly, the

qualitative interviews were constructed to elicit information regarding the following areas of counselling psychology practice:

1. The impact of the theoretical underpinning of the profession on counselling psychologists' professional identity.
2. The impact of working with CBT on how practitioners perceive and experience their professional identity.
3. The influences of factors such as initial training and clinical experience in the forging and maintenance of counselling psychologists' professional identity.
4. Exploring how the traditional relational and humanistic therapeutic stance typically adopted by the counselling psychology field contributes to this professional identity.
5. Exploring any effects that the inclusion of CBT in counselling psychologists' clinical practice might have on their experience of professional identity, with the theory and practice of CBT being rooted in an assumptive worldview that is commonly argued to not necessarily sit easily with counselling psychology's relational and humanistic traditions.

CHAPTER II: LITERATURE REVIEW

This chapter provides a way of setting the scene for the thesis and it will contain a review of the literature on counselling psychology, cognitive behaviour therapy (CBT) and professional identity. The overview will explore the modern and postmodern arguments in respect to the concept of identity and professional identity and will then move on to the philosophical base of counselling psychology and CBT. A discussion of the current political situation and the different most common views taken in respect to CBT and the therapeutic relationship in CBT will follow. Some of the existing research on counselling psychologists' experience of working in medical model settings will be discussed, which is a topic very close to the present study as CBT is considered a quasi-medical model and it is widely applied in medical model settings. Finally, the contribution of CBT to counselling psychologists' pluralistic practice and the significance of the study will be described. The topics for the literature review have been selected in order to explore the current discourses around the key elements of this project (CBT, counselling psychology and professional identity) which in turn can help address the research question: "How, if at all, does the inclusion of CBT in counselling psychologists' clinical practice influence their experience of professional identity?" As it will be outlined in Chapter II, if the research question is closely examined, it is possible to see that the three key terms are constructs and therefore represent also the context of individuals' experiences. As Spinelli (2005a) has highlighted, a great amount of our discourses, motives, behaviours, perceived needs, and even our sense of ourselves as human beings, are highly affected by theories originating from current discourses. Therefore, it was considered important to explore these discourses in order to understand part of what can influence the lived experience of the participants who have been interviewed.

2.1 Identity of a counselling psychologist

As professional identity can be considered part of identity, it is important to set the scene by exploring the various positions taken in relation to identity in the literature. According to Hall (2010), what defines counselling psychologists' identity and makes them unique is their acceptance of a variety of therapeutic models and, at the same time, their respect and value of the world as experienced individually by clients. However, the concept of identity is crucial and several views have been advanced within the literature. For example, Hall (ibid.) defines identity as the manner in which individuals identify themselves and it is part of a structure of consciousness and therefore can be linked with phenomenological description. Koufman (1980) defines it as the core of who we are deeply inside as human beings, whilst Laing (1967) suggests that identity is something that does not depend on place and time, but it is what one feels one is in any circumstance. In his individualistic view, McPherson (1962, cited in Bronner, 1994) suggests that the essence of identity stems from its sense of privacy from intrusion, and he conceives that the individual is the possessor of his or her own person and skills, and owes nothing to society. This separation between the public and the private area is a characteristic of modernity, but it is a well accepted view that being and object do not exist by themselves (Hall, 2010), but among the totality of things. In fact, Bleakley (1989), with his postmodern approach, thinks that identity is a major error of modernity as there is no single way of knowing oneself or identifying with one's culture. Postmodern culture disrupts the modernist frame of mind as it does not believe in grand narrative and maintains that the fundamental belief in one truth only has the function of reducing anxiety. However, because our culture is now anxiously straddling postmodernity and modernity, the search for a single identity continues to drive individuals within

western culture (ibid.). In his approach to archetypal psychology, Jung (1969) claimed that there is no single route towards identity and that, therefore, the notion of one single identity is pointless. Jung takes a polytheistic position and his approach requires us to open ourselves up to differentiating our own selves in their multiplicity. The polytheistic perspective seems to hold the tension that counselling psychologists go through, such that all professionals with all the range of therapeutic models available do find modes to co-exist. Thus, they can apply an approach that can hold conflicting aspects which does not end up in overarching principles to impose order (Hall, 2010). This is a discourse that is non-dogmatic, flexible, and open to different voices and this can often create conflict and uncertainty. Perhaps the essence of this core professional identity of counselling psychologists in general lies, in fact, within this integrative stance (ibid.).

It is now important to consider the discourses around the philosophical underpinnings of the profession as they might inevitably influence the participants' experience of their professional identity.

2.2 Counselling psychology's professional identity

Counselling psychology is postmodern and holistic in nature and, during its development, it has moved beyond the initial discourse which was focussed on understanding its relationship with other professions (Milton, 2010). Counselling psychology is now able to explicate the important contributions it makes to social issues, and it is mature in its use of a knowledge base and the practices of psychological therapy and research. There are fundamental aspects that remain central to the integrity of the profession, despite aspects of practice often changing over time. These fundamentals are: pluralism, relational ways of understanding the world, view of distress, research, ethics and the therapeutic relationship (ibid.).

2.2.1 Pluralism

The concept of pluralism comes from the postmodern view which is that "there is no overarching truth to elucidate everything" (McAteer, 2010, p.5). Postmodernism took place as a reaction to modernism, which had seen the development of scientific enquiry and looked for general rules or laws with which to explain the world. Postmodernism challenged the notion that we can define and access the truth. It is acknowledged that the world consist in a variety of individuals, attitudes, and experiences. Counselling psychology, as part of this world, acknowledges the variety within it and recognises the validity of multiple perspectives in answering questions in our personal and professional lives. A pluralistic perspective, then, constitutes the foundation of counselling psychology therapeutic practice. As Cooper and McLeod (2011) emphasise, pluralism is based on the idea that many conflicting but equally possible responses can answer a question, therefore, many explanations of the human mind can be possible (Cooper & McLeod, 2011).

2.2.2 Relational framework

Counselling psychology conceptualises human beings in relational terms, and this means that the world and other people are the starting point, and that subjectivity and lived experience are at the centre of attention (Manafi, 2010). This view criticises ontological and epistemological theories based on the division of the world into the mental and the psychological (objectivism, essentialism and representationalism). This postmodernist view is concerned with the place of humans in the world: human beings cannot be studied in isolation but they are in a relational matrix and, therefore, they are dependent on the society structures, power, technology, politics and economy. This is the relational stance in which counselling psychology is embedded and it is reflected in research and therapeutic practice (Manafi, 2010). This relies on

the Heiddegerian concept of Dasein, or being in the world with other people (Spinelli, 2005b). We relate to others even when we decide to withdraw, due to this basic state of connectedness (Wheleer, 2005).

2.2.3 View of distress

Counselling psychology has to attend to the tension that exists between knowledge and values and the context where they are put into practice. The tension is about the postmodern departure from the traditional categorisation of psychopathology (e.g. DSM, ICD) which assumes that each disorder can be classified as a distinct entity and as a thing in itself (Milton, Craven & Coyle, 2010). Counselling psychology's adherence to a phenomenological base and humanistic value system is a reaction against the medical model. The field of counselling psychology considers that any mental illness is a constriction reinforced by institutions rather than truth, and that classification systems of mental illness are inevitably products of their time and place. Rather than categorising client's distress, counselling psychology attends to the individual narratives of clients which locate their behaviour and experience in a biographical and social context (ibid.). This postmodern view represents a move away from the emphasis on the psychology of the client to a focus on what happens *in between* the client and the therapist. Counselling psychologists can do this across the different models and the variety of contexts. However, for counselling psychologists, bringing forward these kinds of views is a difficult task as many practitioners work in public sector medical contexts, where the view of the human condition based on truth, cure and outcome still predominates (ibid.).

2.2.4 Ethics

Ethics lies at the heart of counselling psychology practice and its relational understandings. A key ethical concept includes value judgment, which is a subjective stance (Olsen, 2010). The role of values is that people view things as better or worse and have responsibility for that view. There is a difference between virtue ethics and principles ethics (Jordan & Meara, 1990). Virtue ethics is an underlying layer which gives guidance on how to act as human beings in general, whilst principle ethics are used to guide practitioners in therapeutic practice. The key principles are respecting autonomy, minimising harm, reaching greatest good and acting fairly (Palmer-Barnes, 1998). In order for practitioners to aspire to good ethical practice, they need to be familiar with their own core beliefs and value system. This is important as there are times where practitioners need to suspend their own beliefs and values to reach ethical decisions (Olsen, 2010). Therefore, it is necessary for them to know what their values are. It is also important to respect dialogue, and counselling psychology has attempted to deal with flexible thinking about human existence with theoretical pluralism and the relational framework (ibid.). Counselling psychologists' understanding of many approaches allows them to be flexible as not every client benefits from the same theoretical angle. The relational framework helps them to keep the other's experiences in mind.

2.2.5 Research

The relationship between science and practice and between science and values, and the nature of science itself, have become increasingly complicated for the emerging identity of counselling psychologists. The BPS Division of Counselling Psychology emphasises the importance of the scientist-practitioner model, and still states in the professional practice guidelines that counselling psychology is

> *"...influenced by human science research as well as the principal psychotherapeutic traditions...It continues to develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship" (BPS, 2005, p. 1).*

Therefore, counselling psychology, rooted in psychology and counselling traditions, seems to be concerned with the integration of psychological theory and research with therapeutic practice. It recognises the importance of validating practice on the basis of evidence (Woolfe, Dryden & Strawbridge, 2003). Nonetheless, resistance to research is displayed by many practitioners of counselling psychology and there are many aspects in the dominant technical rationality of scientific psychology that are challenged by counselling psychology (ibid.). Scientific psychology is based on a model of natural science, from a positivist philosophical tradition which considers knowledge as facts which are verifiable against sense-experience. Counselling psychology believes that science should not exist without considering individuals' experiences, and it focuses on understanding the client (Corrie, 2010). Due to this tension, it is becoming essential for counselling psychology to develop a clearer view of approaches to formal research, evidence and science, appropriate to the discipline, which can support the claim on practice based on science. According to Spinelli (2001) this clarification can be the only way to provide counselling psychology with a unique identity. It does seem that counselling psychology is now more ready to redefine its relationship with research (Rafalin, 2010).

2.2.6 The therapeutic relationship

Counselling psychologists view the therapeutic relationship as transcending theories and therapeutic modalities and as effecting change for both client and therapist. They see it as central to therapy and based on the engagement of therapists *with* their clients rather than on doing therapy *to* them (Gillies, 2010). They recognise that the therapist's warmth, compassion, being non-judgmental, congruence and authenticity in therapy tends to promote a beneficial outcome. There is some agreement in research that the therapeutic relationship can be healing in itself, but not about what it is within the relationship that brings about change. The various therapy modalities all have something to say about the nature of the relationship. Counselling psychologists traditionally view the therapeutic relationship as their most powerful therapeutic tool (Du Plock, 2006). Counselling psychology emerged from a desire to be non-directive with clients and it takes a holistic approach to understanding human wellbeing. The humanistic and phenomenological underpinning of counselling psychology is fundamental to this view of the relationship and to its ethical values (ibid.).

2.3 The origins and history of cognitive behavioural therapy

An examination of the historical and theoretical origins of CBT is useful in order to understand its modern form (Westbrook, Kennerley & Kirk, 2007), and to observe the diversity of its origin with respect to counselling psychology, as well as the diversity of contemporary directions within it. Moreover, the diversity within it shows that CBT is not a single theory, but a broad movement that is still developing (ibid.), as is counselling psychology. Three stages can be observed in the development of CBT, which have incorporated diverse theoretical and philosophical approaches. These stages are briefly summarised below.

2.3.1 First Wave (behaviour therapy)

Behaviour therapy as developed by Wolpe and others in 1950s and 1960s (Wolpe, 1958) came about as a challenge to the traditional therapy of that period which was psychoanalytic (Freudian) therapy. Behaviour therapy was highly influenced by the behaviourist movement in academic psychology, which held the view that what is inside people's mind was not observable and therefore could not be studied scientifically. Behaviourists looked for general principles to explain how organisms learn new associations between observable stimuli in the environment and observable responses (Westbrook, Kennerley & Kirk, 2007). Behaviour therapy quickly became successful, particularly with anxiety disorders. Different treatments were available for anxiety, such as systematic desensitisation. The theory shows that many basic physiological systems could be conditioned via the association of stimuli. The goal of systematic desensitisation is to become gradually desensitised to triggers that cause distress. The theory is based on the principles of Pavlov's theory of classical conditioning around the beginning of 1900. The work of Pavlov on animal learning, of Thorndike (between late 1800 and beginning 1900) with the principle of operant conditioning, and of Watson and Rayner (in 1920) with the famous application of behavioural principles to clinical anxiety, are considered fundamental for the development of behavioural therapy (Hawton, Salkovskis, Kirk, & Clark, 1989). Although behaviour therapy initially had significant successes, there was some dissatisfaction with the limitations of a solely behavioural approach, e.g. the lack of consideration of thoughts and beliefs (Westbrook, Kennerley & Kirk, 2007). This dissatisfaction led to the next stage.

2.3.2 Second Wave (cognitive therapy and cognitive behaviour therapy)

A second revolution in behaviour therapy occurred in the late 1960s. Psychologists and psychiatrists began to empirically examine how thinking (as the key component of cognitions) affected emotions and behaviour. Particularly important are the contributions of Aaron T. Beck and Albert Ellis in the 1960s (Woolfe, Strawbridge, Douglas & Dryden, 2010) who gained popularity amongst behaviour therapists. Ellis developed the idea that reason can be used to control psychological problems and emotions (Ellis, 1962). Beck, who was originally trained in psychoanalysis, observed that peoples' mood and emotions could be understood in terms of current thoughts and interpretations of events rather than by unconscious conflicts (Beck, 1976). This led to the development of second wave cognitive therapy, or the "cognitive revolution". The attention to the role of cognitions in psychotherapy made sense to clients and slowly to most professionals. The cognitive revolution in psychotherapy was also helped by two other developing cognitive sciences. The first was social psychology, which was beginning to understand the ways in which individuals interact and think about each other. The second was the development of computer science. Computer software provided a successful analogy for understanding how human brains process information, with behaviour as the output. The union of cognitive and behavioural therapies occurred in the 1970s (Sanders, 2010). Due to its origin, CBT was in its beginning conceptualised as a positivistic model of science, which is not focussed on subjective experience, but is based on objective and observable truth, and assumes that there are general laws to be discovered that can predict and control human behaviour. CBT is based on the assumption that the way we perceive events influences how we feel about them, and then how we behave (Westbrook, Kennedy & Kirk, 2007). It emphasises the primary role of cognition

(maladaptive thinking patterns) in generating psychological disturbance (emotional, behavioural and physiological issues) (ibid.). The model believes that what it conceives to be thinking "errors" can be identified and modified through techniques, by adopting more helpful thoughts, beliefs and mind-sets. In this model the client is seen as a learner (Gillon, 2007).

2.3.3 Third Wave cognitive behaviour therapy

Since the 1990s, there has been a gradual development of new changes in traditional CBT, a so-called "third wave" of cognitive-behaviour therapies. Examples of third-wave CBT are acceptance and commitment therapy (ACT; Hayes, Strosahi & Wilson, 1999) and dialectical behavioural therapy (DBT; Linehan, 1993). Third-wave CBT therapists ground themselves in empirical research, they acknowledge the important role of behaviour just as much as traditional CBT, and they also continue to acknowledge the important role of cognitions. However, some of the main theoretical differences are about control and emotional avoidance. Third-wave therapists have re-thought whether trying to control our thoughts and emotions is part of the solution or part of the problem. They are moving away from models of change, such as challenging thoughts and beliefs, and are instead focussing on how to begin to tolerate and accept feelings, memories and thoughts (Woolfe, Strawbridge, Douglas & Dryden, 2010).

As it is possible to see from the above brief overview of its developments, CBT is not a treatment which stands alone, but is embedded in an extensive system of knowledge and discourse. The British Association for Behavioural and Cognitive Psychotherapies (BABCP) defines CBT in the following way: "cognitive behaviour therapy is variously used to refer to behaviour therapy, cognitive therapy, and to

therapy based on the pragmatic combination of principles of behavioural and cognitive theories" (BABCP, 2011).

2.4 Improving Access to Psychological Therapies (IAPT)

According to Gillon (2007), the first conceptual foundation of CBT does not consider the client's autonomy and self-direction, and it therefore aligns perfectly with the medical model, in which the therapist is the healer and the expert and the client is the sufferer who needs to be treated. Within this model, psychological disturbances are seen as specific disorders linked to patterns of thinking, and are therefore diagnosed, and the symptoms are treated, in a structured-directive way (Gillon, 2007). Mearns and Cooper (2005), however, suggest that these techniques can make it more difficult for therapists to profoundly interact with clients because the focus is on doing something *to* the client rather than on the person, and the therapeutic relationship would not be immediate and spontaneous but mediated by plans.

The medical model, evidence-based practice and empirical research are currently very much part of the panorama of the psychological therapies in the NHS. For the past decade, the NHS has reported more clients asking for talking therapies, and Mental Health Trusts in the NHS have long waiting lists of people for therapy. Moreover, several research studies report evidence showing CBT to be a helpful response for treating most of the psychological disorders, and CBT has more support in more types of problems than other therapies (Roth & Fonagy, 2005). Therefore the Government has established procedures to reduce waiting lists, so that clients are able to see someone for therapy as soon as possible after referral by the doctor. This system is called the Stepped Care Model and is mainly based on computerised and face-to-face CBT (James, 2009a). This model includes the Improving Access to Psychological Therapies (IAPT) programme. IAPT has evolved from a paper first

proposed by health economist Lord Richard Layard in 2005 (Cohen, 2008). Layard believed that the number of people who are able to work could be increased by funding the UK Department of Health for the improvement of the delivery of psychological therapy for depression and anxiety. This would consequently decrease the cost of Incapacity Benefits, leading to potential savings for the UK Department of Work and Pensions (ibid.). Layard was able to make a strong case for investment by central government, and he reinforced the economic argument with a moral and clinical one. He drew attention to the unequal and incoherent nature of present psychological therapy provision, long waiting times, and inconsistency in applying National Institute for Health and Clinical Excellence (NICE) guidelines for depression and anxiety (ibid.). NICE is an "independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health" (NICE, 2011b). The effectiveness of psychological therapies in the NHS is also considered by NICE, which identifies evidenced-based psychological treatments for each disorder, and therefore claims to identify criteria for best practice (Westbrook, Kennedy & Kirk, 2007). NICE guidelines suggest that, based on the evidence base of randomised controlled trials, CBT should be the treatment of choice for anxiety (NICE, 2011a) and depression (NICE, 2009).

As a result of this, and wider political interest in mental health, Layard proposed the provision of treatment centres offering evidence-based psychological therapies based on the NICE guidelines 2004 (Hodson & Browne, 2008). This proposal led to the launch of the IAPT programme in England in 2007 (ibid.). Although this has considerable implications for the NHS, it is also progressively more relevant for private practice too, as insurance providers start to identify evidence-based treatments for their clients (Fairfax, 2008). A consequent implication of this is that

treatment decisions may become less focussed on clinical assessment by clinicians and more about the demand of the consumer, such as private health insurers.

It can be understandable for therapists to attack the medicalising mentality of NICE and to be angry at psychological proposals piloted by an economist. For example, as Mollon (2009) highlights, many years of psychotherapy, with its attention to the nuances of individual experience, are reduced to comparisons of specific protocols for specific diseases. However, in defence of the IAPT initiative, Clark et al. (2009) state that IAPT has been only caricatured by the current opinion, and there is much more to understand about it. They claim that, with careful attention to the IAPT documents, it is possible to notice that there is an acknowledgment of the training in and respect for the therapeutic relationship. Specifically, there is a person-centred assessment that goes beyond simply making diagnoses, there is a recognition that assessment and formulation can lead to either no-treatment or help by another profession, there is a provision of evidence-based therapies and a recognition of diversity, and that social factors substantially contribute to depression and anxiety (ibid.).

2.5 Common assumptions about IAPT and CBT

With the landscape described above, it is plausible to assume that there is a concern that CBT "will become freeze-dried in a certain image in order to match the requirements of the health system" (Mansell, 2008, p. 25). CBT can now be easily identified with the IAPT programme, and this can amplify the common myths already surrounding CBT and ambivalent feelings towards it in practitioners coming from different backgrounds.

Counselling psychologists, who are increasingly involved in mental health settings in the NHS, are in an even more difficult position in regard to their view of IAPT and

CBT, as they usually practise as integrative practitioners. As phenomenological and process-informed practitioners, they tend not to offer a pure and standardised set of treatment for their clients, and the focus is always on the quality of the relationship (Fairfax, 2008). Therefore, ways of working that aspire to be efficient, standardised and manualised, such as those promoted within the NHS, are not preferred (James, 2009b).

Westbrook, Kennerley and Kirk (2007) have reported some myths that are commonly associated with CBT: the therapeutic relationship is not significant; CBT practitioners just apply techniques to solve problems; CBT is about positive thinking; CBT does not consider the past; CBT deals with superficial symptoms, not the origin of problems; CBT is antagonistic; CBT is for easy problems; CBT is interested in thoughts and not emotions; CBT is only for clients who are psychologically minded; CBT is easy to practise; CBT is not interested in the unconscious; CBT demands high intelligence. The authors also respond in a constructive way to these common assumptions about CBT with the intent of reassuring the reader about the fascinating and useful nature of the approach.

Thus, it is possible to observe that there exist very diverse, conflicting views across the field about the place and legitimacy of CBT within the psychological therapies.

2.6 Existing research on counselling psychologists' experience of working in medical model settings

Currently no specific qualitative study in the literature can be found which explores how counselling psychologists' perception of their professional identity is influenced when CBT is included in their clinical practice. Therefore, as CBT is still often considered to be an approach based on the medical model (Woolfe, Dryden & Strawbridge, 2003), it has been regarded as useful to present some studies that have

explored counselling psychologists' perception of their professional identity when working in a setting where the medical model is dominant, such as health-care settings and the NHS.

At an annual conference of the British Psychological Society's Division of Counselling Psychology in July 2009, one of the views expressed was that IAPT training does not match well with counselling psychologists' humanistic values and ethics because the IAPT ethos of a narrow delivery of CBT is not in accordance with the essence of their profession (James, 2009a). However, CBT theory and practice is generally taught in the professional training of counselling psychologists, even though, because it is an integrative training, no particular theory is held as a dogma. Theories help to inform counselling psychologists about the client's world view and help in working with difficulties, but different theories can be included, provided that they fit sufficiently well into the counselling psychology philosophy and have a good research base (ibid.). Moreover, Roth and Fonagy (2005) suggest that it can be helpful to work either psychodynamically, humanistically or cognitively, as long as the relationship remains the focus of the work.

For counselling psychologists, humanism is more an ethic underlying psychological practice rather than the commitment to necessarily using humanistic forms of therapeutic practice (Cooper, 2009). It is something which lies in Levinas' notion of "welcoming the Other", a concept which means accepting and honouring the Other (person) in his or her essence without attempting to change it or reduce it to an object (Levinas, 1969). Therefore, even if working in a diagnostic-based model such as IAPT, counselling psychologists can still try to ensure that their clients feel understood in the totality of who they are, and not only in the diagnosis on which their treatment is based. Whilst Joseph (2008) has emphasised that it is possible to

practise CBT from a humanistic philosophical base, research shows that it is still difficult for counselling psychologists to understand where their professional identity stands in regard to these issues.

In their 1999 study, Vredenburgh, Carlozzi and Stein reported that counselling psychologists working in private practice had lower levels of burnout than did those who worked in hospitals. Moreover, in a qualitative study of counselling psychologists working in the NHS, Papadomarkaki & Lewis (2008) reported that adjustments in the mental health system caused uncertainty, which became a source of stress for counselling psychologists because their identity was felt to be under threat. Participants in this study also reported feeling secluded and powerless alongside the medical model, and shared concerns about their competency being questioned, and about the way they were viewed in their department (i.e. as lacking status in relation to other professional groups).

In the USA there has been some discussion about whether counselling psychologists who practise in health-care settings (i.e. within the medical model) might experience changes in their professional identity (Bernard, 1992). In this discussion, professional identity is defined as a sense of connection to the values of counselling psychology and as identification with the discipline. To date, no consensus has been reached regarding this issue (ibid.). Some scholars argue that counselling psychologists do not stop being who they are and become other professionals when they work in health-care settings (Altaimer, Johnson & Paulsen 1998), whilst others have illustrated the many challenges and dilemmas counselling psychologists face about their professional identity when working within the medical model. For instance, Bernard (1992) describes the issue of alienation not only from other professionals in

the medical setting but also from counselling psychologists who choose to work in more traditional settings.

In a study conducted in the USA which investigated the professional role definition of counselling psychologists in terms of self-reported activities and interests, several communalities as well as many differences amongst the psychologists sampled were identified (Goldschmitt, Tipton & Wiggins, 1981). For example, many counselling psychologists identified themselves as clinical psychologists, whilst others used the term counselling psychologists. Activities valued more by those who identified themselves as counselling psychologists involved career, academic and vocational counselling and counselling with essentially "normal" clients. Self-identified clinical psychologists valued more highly, work with moderately to severely disturbed individuals, with the aim of changing personality structure, and on assessment, such as personality and intelligence tests (ibid.). In this study, a common theme to counselling psychology identified by all participants was an interest in the didactic components, goal-oriented activities, activities involving problem resolution and behaviour change, and those being of a short- or intermediate-term nature, which seems to be linking to the practice of CBT. This resonates with Cooper (2009), who suggests that at the core of counselling psychology as a discipline are humanistic values and the wish to develop individuals' potentialities and wellbeing through responsive, respectful and empowering ways of relating. This differs from the pathology-oriented way of relating that tends to be characteristic of the medical model, but Cooper suggests that the field of counselling psychology will split, with those prioritising humanistic values and those with a more clinical interest merging with the wider applied psychology field (ibid.).

2.7 The other "soul": Developments of contemporary cognitive behaviour therapy

Many CBT practitioners are as concerned as other professionals from other orientations about the CBT delivered by the IAPT programme, and the kind of training IAPT therapists receive (Fairfax, 2008). They protest about the notion of disease and its treatment with medication or CBT, and agree that this can block a meaningful exploration of the clients' world and individuality (ibid.). Mansell (2008) has suggested that the stereotyped image of CBT therapists as rigid, authoritarian and punitive echoes with a cultural myth within our society and therefore it is simply a Western social construction. Gilbert (2005) questions whether this is really the face of CBT, or whether it is the critical internal mentality that we project into, and we try to understand and challenge in, CBT itself. Moreover, this stereotype contradicts the results of various studies, such as that conducted by Schaap and his colleagues (1993) in which behaviour therapists scored higher on relationship variables (empathy, unconditional positive regard, and congruence) than did psychodynamic and Gestalt therapists. Similarly, Keijser, Schaap and Hoogduin (2000) reported that CBT therapists' level of active listening was equivalent to that demonstrated by insight-oriented therapists. Moreover, in 2002 the American Psychological Association (APA) set up a review of existing data and research on the association between therapeutic relationship and outcome. In one of the studies that APA looked into, for instance, one interesting finding was that the link between therapeutic outcome and the therapeutic relationship was as strong for clients who undertook CBT as it was for clients who undertook more relational therapies (Krupnick et al., 1996).

In fact, CBT therapists claim that exploration of the client's experiences, circumstances and inner world is crucial to their work (Krupnick et al., 1996), a view

that is expressed by many authors about CBT. For instance, Grant, Townend, Mills and Cockx (2008) describe CBT as an ideographic approach, which is interested in discovering what makes each of us unique, and is therefore about individual meanings. Within this ideographic approach the focus of assessment and therapeutic interventions is on the person rather than on the disease. This understanding of the person takes into account the context of the client's past experiences, biological influences and current environments. This could be seen as matching with the relational stance of counselling psychology described above. Grant and his colleagues (ibid.) claim that this approach differs from the medical model of human distress as it strives to understand the client's individual experiences, which contrasts directly with giving clients a diagnostic label based on the presentation of symptoms. Diagnostic classification is considered useful, but its limitations are recognised in CBT assessment process. Formulation, which is, from the assessment process, the way CBT therapists link theory with the experience of individual clients and inform the choice of therapeutic interventions, is considered not objective and not generalisable. They recognise that there are scientifically validated treatment protocols but that they need individualising, to be appropriate for a unique client at a particular time (ibid.). Similarly, Westbrook and his colleagues (2007) have suggested that CBT practitioners are interested in the therapeutic relationship, and that the therapists' qualities recognised in other therapies (i.e. warmth, empathy and unconditional positive regard) are equally important within CBT and have been found to be typical of CBT therapists. Although in CBT the relationship is not considered sufficiently therapeutic in itself, as it is in person-centred therapy, it is, nevertheless, viewed as an essential foundation of effective therapy, and the therapist must pay attention to ruptures in the relationship (Gilbert & Leahy, 2007).

Therefore, the cognitive therapy community is questioning the rational perspective, the underlying assumption that psychological problems come from cognitive distortions of reality and that change is brought about by the correction of these distortions (Guidano, 1987). Consequently, there is now more emphasis on the role of emotions and on unconscious processes. Constructivists such as Guidano hold a different perspective in which they emphasise the active construction of reality. Within this perspective, rather than bringing them into their view of reality, therapists help clients to discover their own reality constructively, because the client is considered to be the "expert" on their own reality. Clients and therapists are seen as two human beings who have their personal constructions of reality, and they co-construct meaning of these realities together (ibid.). Therapy should bring change and growth in both client and therapist, and this resonates very closely with the counselling psychology standpoint.

From the panorama described above, it is possible to observe that there is a movement towards a cognitive-interpersonal perspective on how change comes about in therapy, beginning with the work of Safran and Segal (1996) and becoming firmly established with Gilbert and Leahy (2007). Moreover, from the failure to find differential effectiveness among therapies, even cognitive approaches are coming to re-examine the belief in the adequacy of any single approach to therapy, and to realise that non-specific factors in therapy may be the most powerful components (Norcross, 2002).

2.8 Cognitive behaviour contributions to the pluralistic practice of counselling psychology

The present study considers discourses to be part of the context in which people are immersed. Therefore it is important to conclude this literature review by exploring

where the latest discourses around the relationship between CBT and counselling psychology lie, as these discourses can help to illuminate our understanding and interpretation of what might have affected participants' experience.

From the overview described above it is possible to accept that CBT can be understood as a continuum of epistemological perspectives and that the therapeutic process will be influenced by the therapeutic understanding taken by the practitioner (Boucher, 2010). The continuum can go from positivistic approaches, such as a technique-oriented, pathologising, prescriptive, and manualised approach to CBT, to social constructionist perspectives, in which a less technically oriented approach is adopted, where theory takes into consideration relational principles and focuses also on being with the experience of individuals (ibid.). This end of the continuum attends to creating the model around the individuals in order to validate their distinctive experience. According to Boucher (2010), the view practitioners have of CBT, and the way they use it in applied settings, depend on three variables: the therapist's personal style (i.e. the way they are in the world with others); the therapist's theoretical orientation and experience (i.e. the more experienced therapist is able to use CBT in a creative way, adapting relational values in line with the client style of being in the world); and the therapeutic context (for example, the power of the medical model in the NHS has an influence on their practice). Moreover, Feltham (1997) provides several reasons for practitioners' theoretical allegiance to particular therapeutic orientations, which include: original training, personality fit, truth appeal, accepting research evidence, clinical experience, further training, relationship factors, conservatism, and novelty.

CBT offers a rich perspective on how the client might come to experience a phenomenon at a certain time. It focuses on the interpretation of events rather than on

events themselves, and in this narrow sense this is absolutely compatible with the postmodern view and the pluralistic approach (Boucher, 2010).

The recent establishment of the IAPT programme has generated a considerable debate amongst professionals, a debate that is not always about CBT itself, but more on how CBT is presented by institutions (ibid.). Specifically, the issue of power comes into play, and it has been argued that CBT has been a victim of the distortions and pressures of a modern and politicised health service (ibid.). Due to these issues, the contribution of CBT to the pluralistic practice of counselling psychology is still to be clearly determined, and debates are ongoing. Drawing as it does from both cognitive and behavioural theory, and in the light of the various "Third-Wave" innovations, CBT could be said to have a pluralistic dimension. However, it seems to depend very much on personal stance as to whether CBT is seen to offer a good service in relation to the wider pluralism that typifies counselling psychology. Even though there are forces which encourage a narrow, dogmatic and unitary view of CBT, there is also a new force promoting a more open, flexible and pluralistic ethos and style of the practise of CBT (e.g. Third Wave CBT). Boucher (2010), who is a counselling psychologist, has stated that CBT can be integrated in his own practice as he finds its theoretical concepts very useful. He finds that its attention to assessment and formulation offer a good structure from which treatment can be implemented, and in this process, at the same time, he can be attuned to the client's own understanding of their problems and the context in which they manifest. However, he emphasises that various theoretical models other than CBT can be engaged within his own professional identity as long as they fit with the client's narrative. Therefore, CBT can be used in counselling psychologists' therapeutic practice as a model in itself and as a channel to the use of other models.

Boucher (2010) also emphasises that there is an exchange between CBT and counselling psychology: CBT offers counselling psychology a useful theoretical understanding and practical tools, whilst counselling psychology can offer an attentive consideration of the therapeutic process, which he argues is still not covered sufficiently in the CBT literature, despite recent developments. This contributes to generating ideas about how these process issues could be recognised and integrated into CBT practice.

2.9 Relevance of the present study

Several studies have explored counselling psychologists' perception of their professional identity when working in a setting where the medical model is dominant such as health-care settings and the NHS. However, although CBT is commonly considered to be an approach based on the medical model (Woolfe, Dryden & Strawbridge, 2003), contemporary developments of CBT demonstrate that this is not always the case. Instead, CBT can be better understood as a continuum of epistemological perspectives, and as such the therapeutic process will be influenced by the epistemological and therapeutic understanding taken by the practitioner (Boucher, 2010). Moreover, as Loewenthal and House (2008) argue, one possible criticism of CBT is that its definition has become so broad that the therapeutic category "CBT" arguably ceases to have any substantive clinical meaning, as it now lacks any discernible and commonly understood specificity. Nevertheless, despite the relevance of the practitioner's own therapeutic understanding to their practice of CBT, and with CBT now being an increasingly popular practice within the profession, there is currently no specific qualitative study in the literature which explores how counselling psychologists' perception of their professional identity is

influenced when CBT is included in their clinical practice in any setting. This study contributes to addressing this gap in the literature.

Research has shown that when professional identity is under threat, this can contribute to professionals experiencing "burnout" (Vredenburgh, Carlozzi & Stein, 1999). This study hopes to open up this issue in relation to counselling psychologists' experience, seeking to provide insights which could in turn help both new and experienced practitioners understand and monitor their own experience in relation to these important issues.

Locke's Affect Theory (1976, cited in Brief & Weiss, 2002) affirms that satisfaction is strongly influenced by the extent of the discrepancy between what one wants in a job and what one has in reality. In the context of the present study, therefore, satisfaction or dissatisfaction in how they see themselves as professionals could influence practitioners' ways of working and their therapeutic relationships with clients. Consequently this study might also contribute to raising awareness of such under-researched issues amongst practitioners and employers, thereby helping to improve the quality of clients' quality of care.

Through qualitatively exploring the experiences of counselling psychologists working with CBT, it is also possible that themes might be identified which could be common to other groups and individuals who practise CBT, so enabling readers to make links between the findings of this study and their own personal and professional experience, in the context of the existing literature (Smith & Osborn, 2007).

2.10 Chapter summary, research aims and questions

Although several debates are ongoing and are far from resolved, a review of the current literature highlights how CBT differs from, and how it contributes to, the

pluralistic and relational practice of counselling psychology (with CBT being argued by some commentators to be a pluralistic approach). Whilst a large corpus of literature and research has examined the issue of counselling psychologists' professional identity in medical settings, there appears to be a significant gap in the extant literature relating to how counselling psychologists experience professional identity in their practising of CBT. Given that within the IAPT framework CBT is providing a significant amount of employment for counselling psychologists at present, the current research project seeks to contribute to the field of counselling psychology by exploring in greater depth the issue of counselling psychologists' professional identity in the practice of CBT using interpretative phenomenological analysis (IPA) as qualitative methodological approach.

According to Boucher (2010), the manner of reading and the application of CBT depend on three variables: the therapist's personal style, the therapist's theoretical orientation and experience, and the therapeutic context. Therefore, it seems fundamental at this point to hear the voice of the counselling psychologists who do have CBT included in their practice, and a qualitative approach has been considered the optimal way to do this.

The following main research question of this project is therefore addressed: "How, if at all, does the inclusion of CBT in counselling psychologists' clinical practice influence their experience of professional identity?"

CHAPTER III: METHODOLOGY AND METHOD

3.1 Theoretical framework

As Crotty (1998) has emphasised, there are four elements that need to be considered when developing the foundations of a research project, which aim to answer the two main questions that are fundamental for all researchers to address before they start their research process.

1. *"What methods and methodologies will I employ in my research? What is my research design?"* This contains two elements. First, a consideration of the procedures that will be used to gather and analyse the data linked with the research question. The second element relates to the methodological approach taken – specifically, what strategy, process or design is behind the selection of the particular methods, and whether these methods link to the desired outcome.

2. *"How do I justify my choice and use of methods and methodologies?"* Here the focus is on the purpose and aims of the research and also contains two elements. The first is the theoretical, ontological and philosophical perspective held by the researcher, including assumptions about reality that will inform her methodology and provide a context for the process and ground its criteria. The second element is the epistemological assumptions held by the researcher in which she has to consider "how she knows what she knows" and what is the theory of knowledge embedded in her theoretical perspective and methodology. The researcher must consider what kind of knowledge she believes will be achieved by the research and how observers of the findings should look upon the outcomes.

In this chapter the researcher will explain how the theoretical framework of this project has been developed, drawing on the four elements answered by the two questions presented above, as an organising framework.

3.1.1 My position

I am a 31 year old white Italian female. My interest in this research topic originates in some work experience I had when I first came to live in London. I worked in an NHS personality disorder unit, in which the medical model was privileged. The criterion for clients to be admitted was that they "purely" suffered from a personality disorder (e.g. borderline, antisocial, schizoid, and narcissistic, etc.). I had also previously gained experience in the national health system in my country of origin, Italy, where the culture is also very much embedded into the medical model, and relies heavily on standard criteria for the classification of mental disorders (DSM). In the personality disorder unit in London, the therapeutic treatment offered was Cognitive Behaviour Therapy (CBT) and psychodynamic group therapy. At that time I did not have any specific knowledge of therapeutic approaches, but my position as a nursing assistant required me to co-facilitate therapeutic groups and see patients for one-to-one care plan reviews. Thus, this was the first time I had encountered the CBT framework, and, without knowing much about it, I started to develop an ambivalent relationship with this treatment model: there was something about it which attracted me and something that repelled me, but at the time I could not figure out what these qualities were.

I subsequently reflected upon this ambivalence, and I think what I did not like about CBT was that I felt that there were ambiguous or mixed messages sent to me by other professionals about how to relate to those "patients". On one hand I was encouraged to work within a therapeutic relationship with them, and on the other I

was asked to impose standardised CBT treatments on them and to teach them some basic skills (which I considered almost as common sense). I could not find the connection between those treatments and the relationship I was meant to build with these clients. What had attracted me to CBT was the way the other professionals, particularly psychologists and psychiatrists, were talking about it and delivering it. In my perception it seemed to give them some sense of power and competence. I continued to hold these ambivalent feelings when I started to more skilfully practise the approach in my third year of counselling psychology training. Moreover, I also started to believe that in order to offer a good service to my clients I needed to be able to work in a way I felt comfortable with, and I was concerned that becoming a counselling psychologist meant that I would be required to use CBT if I wanted to embark on a career in the NHS.

These assumptions and concerns around CBT informed me before and during my research process, and certainly had an impact on the way I related to, and conducted the interviews with, my participants. It also influenced how I analysed the data, an aspect of the qualitative methodology which is described later in this chapter. Given the length of time taken to complete this research project, I am aware that I need to take into consideration the changes that I have made during this time in my personal and professional life, which in turn have inevitably affected the research process. For this reason, there is another reflexive section in the final chapter of the project, which considers my own changes and their effects on the research process.

The following sections describe the theoretical and methodological aspects of the project design, drawing on the four elements outlined by Crotty (1998). As Crotty emphasises, if I was to mark the chronological sequence of how my research has developed I would need to start the description from method and methodology (as

shown above), as this is where I started (ibid.). However, in terms of what informs what and logical progression, I decided that starting by describing epistemology and theoretical perspective would make more sense, and hopefully appear clearer to the reader. From this point forward I will switch to a third-person account for the reason mentioned in the Chapter I. I will return to the first-person account in the findings chapter and in the reflexivity paragraphs.

3.1.2 Epistemology

The term epistemology refers to "the nature of knowledge, its possibilities, scopes and general basis" (Crotty, 1998, p8). It refers to an understanding of what is involved in knowing, which is "how we know what we know" (ibid.). There are a variety of epistemologies, and it has been challenging for the researcher to position this project. It is possible to imagine epistemological positions on a continuum, from objectivism to constructionism and then to subjectivism. In between the extreme positions are other "lighter" positions close to one or the other end of the continuum.

Objectivism is a philosophy which holds that reality exists independently of the human mind and therefore, knowledge and values are objective and are not created by thoughts, but are established by the nature of reality, which is there to be discovered by the human mind. It is possible to discover objective truth if the study is conducted correctly (ibid.).

Constructionism rejects the objectivist view of human knowledge, and posits that there is no objective truth to be discovered. Instead, truth or meanings are constructed by our mind through our engagement with the realities in our world (ibid.). Thus, different people can construct different meanings in relation to the same phenomenon. The radical version of constructionism advanced by Derrida (in the mid 1960's) and Lacan (in the 1970's), rejects the idea that data reflect reality

and instead attends to how reality is constructed through language (Sarup, 1993). Therefore, the role of language is fundamental and the use of classifications is challenged. Here realities are relative, socially constructed and dependent on who the interested parties are and what their interests consist of (ibid.). Social constructionism can be seen as related to the postmodern movement, which is a movement away from the viewpoint of modernism, and so from the scientific mentality of objectivity and progress associated with the Enlightenment (Kvale, 1992).

In subjectivism, reality (the object) is dependent on human consciousness (the subject). This position claims that meaning is not constructed, but created and imposed upon reality (Crotty, 1998). Specifically, meaning does not come from the interaction between subject and object, but is imposed on the object by the subject and the object does not itself contribute to the generation of meaning. According to the most common form of subjectivism, feelings are the originators of facts, and therefore man's main tool of cognition (ibid.).

As Crotty (1998) has emphasised, constructionism brings together objectivity and subjectivity. In this panorama, the position of the present research lies somewhere between these extreme positions on the continuum. If the research question ("how, if at all, does the inclusion of CBT in counselling psychologists' clinical practice influence their experience of professional identity?") is closely examined, it is possible to see that the three key terms, CBT, counselling psychologists, and professional identity, are constructs and therefore also represent the context. Spinelli (2005a) invites us to imagine a world where psychotherapy and therapeutic terminology do not exist, and imagines how vast would be the gap in people's thinking and communicating about themselves and others. Spinelli highlights how,

at the end of last century, Western culture and society has witnessed the "triumph of the therapeutic" (1994, p2). Also Rieff (1966, p. XV) discusses the consequences of the "psychological man" for Western society in his seminal text *The Triumph of the Therapeutic: Uses of Faith after Freud*. These two authors wish to convey the idea that a great amount of our discourse, motives, behaviours, perceived needs, desires and even our sense of ourselves as human beings, is mainly drawn from theories originating from psychotherapeutic assumptions, or from more general theories of psychology, philosophy, and social and biological science. Spinelli also acknowledges that an enormous diversity of therapeutic approaches has arisen during the same century, and this gives room to reflect on the fact that CBT is one of them, and therefore another construction of the century. Moreover, therapy has begun a movement towards regulated registrations with professional bodies (e.g. UKCP, BACP, and BPS). These bodies have been constructed as the competent UK authorities and their aim is to give recognition to competent professionals. Consequently, the purpose is to safeguard the general public from abuse by therapists who are not recognised by these authorities (Spinelli, 2005a). As one of the divisions of the BPS, counselling psychology now belongs to the Health Profession Council (HPC) of professional regulated organisations, and therefore this profession it is another construction generated by society. Finally it is clear from the literature review (Section 2.1) that there are debates about what "professional identity" really is, as well as on the notion of identity in general and on what factors contribute to it. Therefore, in the context of the present study, professional identity can also be viewed as another construction.

Given the above description of the constructions of interest in the present study, the reader might be drawn to expect that a constructionist standpoint would be employed for justifying this research. However, it is not as straightforward as this,

and various epistemological dilemmas were confronted before the researcher was able, through a reflexive process, to hold the belief that human beings' consciousness has constructed the meaning of the world. However, the assumption is that human experiences and feelings do exist beyond the social construction of them but are influenced by these social constructions, or context. Therefore, the contextual influence is only a partial account of what is happening and there is always something else that transcends the context and the social interactions. People may want to achieve something with their talk, such as persuading, explaining or arguing, but their words are also made of rich, powerful and impalpable feelings and human potential, that form and bring together past, present and future. Experience is influenced by multiple factors, not only by context (Eatough & Smith, 2006). In this project's case, the human experiences under consideration are the emotional life and cognitions that each therapist has in the therapeutic process. These feelings exist regardless of the constructed world but are influenced by the context in which the participant lives and practises. These contexts include personal background, society and culture, the family, being a counselling psychologist, and working with CBT.

Whilst it can be argued that the classifications of epistemological positions are oversimplified (Lyons, 2007), the position which would be the closest fit to the present research is contextual constructionism as theorised by Madill, Jordan and Shirley (2000). This position is considered to lie between objectivism and the radical version of constructionism (Lyons, 2007). Contextual constructionism assumes that all knowledge is context specific and influenced by the perspective of the perceiver. Real people live out their lives within an interrelated sequence of changeable contexts, and any non-ideal theory of knowledge has to begin from human beings, who are individuals who interact among themselves and with their

world in the process of gaining knowledge and meaning making (Rockmore, 2005). The assumption is that language reflects the experiences of, and the meanings people attach to, events and social situations, and that it is possible to access these experiences through interpretation. Because contextual constructionism rejects a straightforward objectivist position, it does not assume that there is one reality that can be revealed through the use of a correct methodology (Madill, Jordan & Shirley, 2000). Instead, according to Giorgi (1995), the researcher and the participant are both conscious individuals interpreting and operating in the world in which they are immersed into, within cultural meanings. Here theories or interpretations constantly change as a consequence of encounters with observations (Stiles, 1993). Therefore, all knowledge is confined, temporary and situation related. Consequently, the results of research will also vary according to the context in which the data are collected and analysed (Madill, Jordan & Shirley, 2000). Since it is not possible to know whether our ideas correspond to mind-independent reality, researchers are encouraged to renounce the idea of exactness of representation in any form, and to privilege the contextual justification of beliefs (Rockmore, 2005). Context refers to the social system in which people are embedded and through which they make sense of, construct, and are constructed by, the world. Within this framework, context includes, at the micro-level, family relationships, partnerships, friendships, occupational networks and so on. In research, this also includes the researcher's own personal context and the interaction between researcher and participant. There is a reciprocal influence between this level and the broader social systems such as social class, gender, ethnicity and sexuality. This social system is also permeated by macro-social narratives and ideologies. In research, context becomes a fundamental part of whatever is researched, rather than being simply the background to it (Coyle, 2007). However, within a contextual constructionism

framework there is a wish to find some foundations for results. This can be achieved by a responsibility on the researcher to represent participants' perspectives through locating the findings in participants' actual descriptions (Tindall, 1994). Furthermore, researchers also have the responsibility to explicate the perspective from which they move towards their material, which includes details such as ethnicity, gender, and their own and their participants' ages (Wilkinson, 1988). These are factors which inform the reader on the positions from which the researcher writes and on the inter-subjective construction of material in an interview, that is, the extent to which researcher and participant share cultural assumptions, and the effect of this on the data and analysis. Therefore, the researcher's position is presented throughout the present project as well as the researcher's demographics and analytic style, which is another aspect of the researcher's subjectivity, together with the participants' demographics (Madill, Jordan & Shirley, 2000).

3.1.3 Ontological and theoretical perspective

3.1.3.1 Ontology

Crotty (1998) claims that one's ontological position sits alongside epistemology and informs the theoretical perspective, as ontology is the study of being, concerned with "what is" and so with the structure of reality. There is a continuum of ontological positions from realism, which asserts that realities exists outside the mind, to idealism, which claims that what is real is confined to what is in the mind and so consists only of ideas. A position that sits closer to the middle of this continuum is relativism, which assumes that the way things are is just the sense we make of them. Social constructionism is at the same time realist and relativist, because to say that meaningful reality is socially constructed does not mean that it is not real. However,

the realities that social constructionism considers are seen as culturally influenced interpretations rather than truth. The epistemological position underlying this project is contextual constructionism, a moderated version of social constructionism, and consequently, even ontologically, it is in a middle position between realism and relativism. This view acknowledges an inherent subjectivity in the production of knowledge, which is inevitably local, provisional and context dependent (Jaeger & Rosnow, 1988). The interest of this research is in exploring participants' lived experience and the meaning which they make of it, which cannot be separated from context. Thus, this research could not be positioned ontologically in the extreme positions because here, reality is considered to exist in both the external context and also in the mind and emotional life.

3.1.3.2 Theoretical and philosophical perspective

The theoretical perspective relating to research in general refers to the assumptions of the human world and social life within that world (Crotty, 1998). The philosophical stance that lies behind the chosen methodology for this research is mostly informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and ideography. It has also engaged and drawn on some concepts related to symbolic interactionism. As highlighted by Crotty (ibid.), there is a continuum of theoretical perspectives which goes from positivism, which is strongly related to an objectivist epistemology, to interpretativism, which is strongly related to constructionism, to critical inquiry. Phenomenology, hermeneutics and symbolic interactionism are part of interpretativism which emerges in contradiction to positivism in the attempt to explain human and social reality without the method of the natural sciences. This approach looks for "culturally derived and historically situated interpretations of the social life world" (ibid. p67).

Phenomenology is a philosophical approach to the study of experience. Whilst different phenomenologists have different interests, what they have in common is the interest in what the experience of being human is like (Smith, Flowers & Larkin, 2009). Numerous phenomenologists are also interested in thinking about how we might have come to comprehend what our experiences of the world are like. This is important for the field of psychology because it gives ideas about how to examine and understand lived experience, and it is particularly relevant for the present research.

We owe a debt for this attentive examination of the lived experience (the content of consciousness) to Husserl, who introduced the founding principle of phenomenological inquiry, that experience should be examined as it occurs and in its own terms. Husserl argued that we should "go back to the things themselves" (Smith, Flowers & Larkin, 2009, p12), by which he means that we are constantly engaged in our everyday life and we take for granted our experience and quickly fit things into pre-existing boxes. Therefore, adopting a phenomenological attitude means disengaging and stepping outside of our everyday experience, and reflecting on this everyday experience.

The main inspirational philosopher for this present research is Heidegger (1962). Heidegger (ibid.) did not move away from phenomenology, but thought that Husserl's project was too abstract (ibid.). He questioned the possibility of any knowledge outside interpretation, whilst basing this interpretation in the lived world, made of people, things, relationships and language. Here, meaning is of vital importance because consciousness makes the world possible. It does not make possible the existence of the world, but makes possible a significant world

(Drummond, 2007). The strong link between Heidegger's view and the contextual constructionist epistemological position should be clear.

Other philosophers who inspired this project are Merleau-Ponty and Sartre. As with Heidegger, they move away from Husserl's transcendental project and contributed to a view of the person immersed in a world of objects, relationships, language and culture. Merleau-Ponty, particularly, emphasises the embodied nature of people's relationship with the world which leads to the primacy of our own perspective in respect to the world (Felder & Robbins, 2011). Sartre pays attention to the developmental aspect of human beings. He argues that we are not a pre-existing object to be discovered, but an ongoing project to be developed, as we are always in the process of becoming ourselves (Cannon, 2003).

Drawing upon these philosophical influences it is possible to see that experience brings into play a lived process, perspectives and meanings, which are unique to the person's contextualised relationship with the world. Interpretation becomes necessary to understand peoples' relationship with the world, and their attempts to make meanings out of their activities and the things happening to them (Drummond, 2007). This leads to the second theoretical underpinning that informed this research, hermeneutics, which focuses on the subject of interpretation itself.

Hermeneutics is the theory of interpretation. It is much older than phenomenology, and it comes from a separate area of knowledge, but finds a meeting point with phenomenology in the work of hermeneutic phenomenologists such as Heidegger (Crotty, 1998). Hermeneutics began as an attempt to interpret biblical texts, but developed as a philosophical underpinning of the interpretation of a larger range of historical and literary texts. Here, the works of hermeneutic theorists Schleiermacher, Heidegger and Gadamer are considered to be influential (Smith, Flower & Larkin,

2009). Within hermeneutics, interpretation is considered to be an art, whereby the interpretative analyst is able to offer an understanding to an experience that the author cannot. Within this theory the complexity of the relationship between the interpreter and the interpreted is acknowledged. It highlights that access to another person's experience depends on and is complicated by the researcher's own conceptions, emphasising the importance of an awareness of one's own bias and preconceptions and maintaining a spirit of openness (ibid.).

The third important influence upon this research project is ideography. In contrast to traditional nomothetic approaches which focus on the generalisability of findings, an idiographic approach is concerned with the particular by investigating, in detail, how particular lived experiences have been understood from the perspective of a small group of particular people, in a particular context (ibid.).

At this point, something seems to be missing in order to justify the exploration of human beings' lived experience (i.e. phenomenological theoretical perspective) and sense of self and yet the belief that the individual life world is also a contextual (i.e. linguistic, discursive and cultural) construction (i.e. contextual constructionism epistemology). Symbolic interactionism can help to make the link between the two. This is a sociological perspective on self and society based on the ideas of Mead (1934) and Blumer (1969) and other pragmatists associated, primarily, with the University of Chicago in the early twentieth century (Crotty, 1998). The central theme of symbolic interactionism is that human life is lived in the symbolic domain. Symbols are culturally derived social objects having shared meanings that are created and maintained in social interaction. Through language and communication, symbols provide the means by which reality is constructed. However, in practice, the meanings of things are highly variable and depend on processes of interpretation and

negotiation of those who are interacting. The focus here is on meaning, which, reflecting the influence of pragmatism, is defined in terms of action and its consequences: the meaning of a thing resides in the action that it elicits. It is this conception of meaning derived from social interaction and yet being modified by individuals' interpretative processes that is relevant for this project. This view justifies the lighter constructionist epistemology, in the sense that the present project does not consider the individual's lifeworld as simply a linguistic and discursive construction. Instead, it holds an image of human beings as also being creative agents who, through their intersubjective interpretative activity, construct their social worlds. Moreover, individuals are also creatively involved in the development of a sense of self through interpretative action that develops between people (Eatough & Smith, 2006). This is a central point for this particular research project: it affords the opportunity to recognise that whilst reality is constrained by the language of one's culture and by symbols, this represents only a partial account of what people are doing when they communicate and interpret. As previously discussed, this perspective allows one to take the exploration further, and to consider emotions not only as discursive acts which can be analysed, but also as something which has individual resonance and personal meaning. Emotions are also lived and therefore they have private, embodied and indefinable characteristics (Chodorow, 1999).

The following sections describe the methodology that has been employed in the present study, and which puts the epistemological and theoretical perspectives into practice.

3.2 Methodology

The selected methodological approach and process draws upon the epistemological and theoretical perspectives, and describes what strategies have been employed in order to investigate the research question.

3.2.1 Qualitative approach

There is a great divide within the psychological literature between qualitative and quantitative research approaches. Generally, quantitative research is associated with an objectivist epistemology, whilst qualitative research is typically associated with the constructionist or subjectivist epistemological positions. This occurs as a result of the features associated with the two approaches, as summarised in Table 1.

Table 1

Features of Qualitative and Quantitative Research (based upon Neill, 2007)

Qualitative	Quantitative
The aim is a comprehensive and detailed description	The aim is to make classifications and calculation of features, and create statistical models in an attempt to explain what is observed
The researcher may only know approximately or tentatively in advance what he/she is looking for	The researcher knows clearly in advance what he/she is looking for
The design emerges as the study progresses	All aspects of the study are properly designed before data collection
The researcher is subjectively immersed in the research. He/she is the instrument of the data gathering process and uses his own self	The researcher tends to remain objectively separated from the subject. He/she uses tools such as questionnaires to collect numerical data
Data is in the form of words, pictures or objects	Data is in the form of numbers and statistics
It is subjective, therefore, people's interpretation of events is important (uses interviews)	It claims to be objective, therefore searching for accurate measurement (using surveys, questionnaires etc.)
Qualitative data is more time consuming as it is more rich and it does not have the aim to be generalised	Quantitative data is more efficient and able to test hypotheses, but does not consider contextual detail

As Crotty (1998) has described, the distinction between these approaches occurs at the level of methods rather than at the level of epistemology and theoretical perspective, meaning that our research can be either qualitative or quantitative and this does not constitute a problem *per se*. What it is problematic is any attempt to be at once objectivist and constructionist because it would be contradictory to say that there is objective truth and meaning, and at the same time say that there is no objective truth and meaning (ibid.). Thus, we need to be consistently objectivist or constructionist or subjectivist.

As contextual constructionism is the epistemological standpoint in which this project is located, the belief held is that knowledge and the processes which lead to its production are context specific. Therefore, as previously discussed, the assumption is that the researcher, participant, related groups of individuals, ideologies and social structures are all essential and dynamic parts of the context of the phenomenon under investigation. For this reason, a qualitative research method of inquiry has been considered to best serve the purposes of this project. Qualitative research encompasses a variety of methodologies which are based on different philosophical assumptions and with diverse goals. The chosen methodology for the present research is interpretative phenomenological analysis and it will be outlined in the following section.

3.2.2 Interpretative Phenomenological Analysis (IPA)

The methodology which seems to fit best with the research question is interpretative phenomenological analysis (IPA). This is a qualitative research approach committed to the assessment of how people make sense of their major life experiences (Smith, Flowers & Larkin, 2009). IPA seeks to investigate the research participant's experience from his or her own perspective, but also recognises that this kind of investigation has to necessarily involve the researcher's own world view, and the nature of the interaction between researcher and participants. The consequence of this is that the phenomenological analysis is always the researcher's interpretation of the participant's experience, and therefore the experience is never directly accessible to the researcher (Willig, 2001). IPA was developed by Jonathan Smith in the mid-1990s. IPA has been informed by concepts from the three key areas of the philosophy of knowledge which were described in Section 3.1.3.2: phenomenology,

hermeneutics and ideography. It also connects to symbolic interactionism, also previously described (Smith, Flower & Larkin, 2009).

IPA is phenomenological in the sense that it is concerned with exploring experience in its own terms. Therefore it is interested in where everyday experience becomes an experience of importance, when an individual reflects on the significance of it and engages with hot cognitions in order to make sense of it (ibid.). However, pure experience is never accessible, as we witness it after it has happened. Thus we try to conduct research as close to the experience as possible (ibid.). This means that, as IPA sees the person as a sense-making being, the meaning made by the participant on experience, as it becomes an experience, can be said to be the experience itself.

IPA is also hermeneutic as its analysis always involves interpretation. The researcher needs to interpret participants' account of their experiences, in order to understand their experience. Therefore, the IPA researcher is engaged in a double-hermeneutics (Smith & Eatough, 2007), because he or she is trying to make sense of the participant trying to make sense of what is happening to them. This shows the double role of the researcher who is, on the one hand, a sense-making individual like the participants, and on the other hand does so more systematically with experimentally informed knowledge. Consequently, researchers want to be empathic, so they can see what it is like for the participants, but at the same time, they want to stand at their side and analyse and ask questions in order to make sense of the topic under investigation (Smith, Flowers & Larkin, 2009).

Finally, IPA is ideographic as it seeks to study in detail what the experience for this person is like and what sense this particular person is making of it. IPA studies characteristically use a small number of participants, and the aim is to first reveal something of each and then to explore in detail the similarities and differences

between each case and so produce patterns of meaning for participants reflecting on shared experiences. General claims across cases are possible only when the potential of each case has been achieved (ibid.).

3.2.3 Rationale for using IPA

The reasons for choosing IPA are primarily related to the epistemological position of this project, contextual constructionism, as the assumption is that the data can say something about individuals' involvement in and orientation towards the world, and about how they make sense of this. In line with phenomenology and ideography, the first aim is to understand the participants' point of view and represent them as main issues and themes (Dallos & Vetere, 2005), and to offer a detailed and nuanced analysis of the lived experience of a small number of participants, with an emphasis on convergence and divergence between them (Smith, Flowers & Larkin, 2009). In line with hermeneutics, a second aim is to use the researcher's interpretative activity in order to interpret participants' point of view and offer a more comprehensive account of their experience.

There are several different approaches to qualitative data analysis besides IPA, and each approach offers a different view of what the data represent, what could be gathered from it and what the purpose of the analysis actually is (ibid.). Thus, in order to position the selection of the IPA approach, it will be useful to describe some of the potential alternative approaches that were also considered, given that the topic could potentially be explored through several different lenses. Possible alternative approaches that might have been adopted in the present study are discourse analysis, narrative analysis or grounded theory.

Discourse Analysis is a qualitative method, based on radical constructionist epistemology, and it provides a way of understanding social interactions (Lyons,

2007). There are different versions of discourse analysis, depending on the aim of the investigation. Discursive psychology is concerned with the role of language in the construction of social reality. Foucauldian Discourse Analysis (FDA) goes a step further by attempting to theorise about how social structures and institutions have influenced the availability of particular discourses and the implication for those who use them (Hook, 2007). FDA was considered as an alternative approach to IPA for the present study because it would have been interesting to explore how CBT is constructed within counselling psychologists' discourses, and in how they position themselves within the social relations of dominance (e.g. the government promoting, and at times imposing, the practice of CBT) (cf. Guilfoyle, 2008). If this kind of analysis were to have been conducted, the goal would have needed to be explanation or social critique (Smith, Flowers & Larkin, 2009) rather than participants' lived experience. IPA considers experience to be always unavoidably enmeshed with language and culture. This means that it is possible to take into consideration these aspects without necessarily having to have the same deconstructive aims as discourse analysis. Moreover, the epistemological position of the present project is not radical constructionism, to which discourse analysis subscribes, but contextual constructionism.

Narrative analysis has a strong intellectual connection with IPA. Specifically, IPA is interested in meaning-making, and the construction of a narrative is one way of making meaning. Narrative is an instrument for understanding life experiences, and researchers using narrative analysis are primarily interested in the content of individuals' stories about events in their lives (Bruner, 1987). However, the nature of the data they are trying to measure is different from that in IPA. Narrative analysis assumes that the subjectivity of the person is measurable in a qualitative way, and that it is going to find an objective level of analysis to assess the person's life

experiences (Smith, Flowers & Larkin, 2009). With it being one of the limitations of IPA that it is never really possible to access directly participant's experiences, it could be argued that narrative analysis might offer a more suitable solution for a more objective level of analysis. However, even though narrative approaches are less interpretative, there is still a certain level of involvement of the researcher even in this kind of analysis. Therefore IPA has been chosen as it is open about the unavoidable interpretative nature of the data and the subjective nature of the measurements. Moreover, as narrative analysis is interested in the structure of people's stories and in exploring the constraints and opportunities which these structures place upon experiences, there seem to be a more constructionist view here, which shares commonalities with discourse analysis (ibid.).

Grounded Theory (GT) is often viewed as the main alternative for research when IPA is being considered. This qualitative method is based on several stages of analysis of primary data and on exploring participants' life experiences (Willig, 2001). The approach was originally developed in 1965 by two sociologists, Glaser and Strauss, and now exists in a number of different forms, although Charmaz's social constructivist version has been widely used since 1990 (Payne, 2007). The purpose of GT is the process of discovery and development of a theory about a particular phenomenon. This is produced via a highly structured procedure for the development of theory. As GT has the ambitious aim of developing a macro level theoretical account of psychological phenomena, it moves more towards a conceptual explanatory level based on a typically larger sample, where the individual account can be drawn to illustrate the new theoretical claims (Smith, Flowers & Larkin, 2009). The theory that emerges should be able to explain the data produced by all the participants, including the conflicting data (Lyons, 2007). Moreover, the emergent theory should explain the social and psychological processes under investigation (i.e.

why the participants experience the world in certain ways) and look for possible mechanisms by which one event leads to another within concrete contexts (ibid.).

Even though both GT and IPA are inductivist approaches and they do to some extent overlap, the aim of the present project is not to design a theory or to understand why the participants experience their world in a certain way (ibid.). Rather, the present study sought to provide a more detailed analysis of the lived experience of a small number of participants with an emphasis on the convergence and divergence between them. This does not mean that IPA is necessarily against a macro level analysis, but considers the importance of complementary micro analysis, which might lead to and enhance the subsequent development of macro GT studies (Smith, Flowers & Larkin 2009). Because here the interest is the detailed exploration of individual human life experience, the understanding of participants' viewpoints and the representation of these as main issues (Dallos & Vetere, 2005), IPA was considered the most suitable choice of methodology.

3.3 Method

This section describes the procedures that have been used to gather and analyse the data.

3.3.1 Participants

3.3.1.1 Sampling procedures

Participants were recruited through repeated advertisements in the newsletter for the Division of Counselling Psychology (DCoP) of the British Psychological Society (BPS), and through individual emails sent to members of the BPS Charter. Interviews were conducted over a period of five months, and a total of eight chartered counselling psychologists who met the inclusion criteria were interviewed.

Whilst it could be argued that a group of this size does not provide a fair representation of the population, IPA has an idiographic commitment, as previously described. Even though there is no "right" answer to the question of sample size, Smith and his colleagues (2009, p.52) have recommended that between four and ten interviews are suitable for professional doctorates studies.

The first inclusion criterion was that participants had CBT included in their clinical practice. This was chosen on the basis that these participants could offer access to a particular perspective rather than a population (Smith, Flowers & Larkin, 2009). A second inclusion criterion was that participants had been practising, post-qualification, for a minimum of five years. This was considered an adequate length of time for an individual to have developed a relatively solid sense of professional identity and experience in the practice of CBT, as there is a considerable amount of literature on the professional development of therapists. For instance, Skovholt and Ronnestad (1995) refer to the development of a sense of professional self as a journey undertaken by counsellors in eight stages, moving from an initial imitation of experts to the stages of integration, individuation and finally to a position of integrity. However, this model does not specify a particular length of time for this development to occur, thus it could be argued that a sense of professional identity could be formed earlier or later than five years post-qualification (or that it actually never forms), and, in fact, a few responses from people with less than the minimum years' experience were received. Nevertheless, this criterion was kept as there was the need to choose a reasonably purposive homogeneous sample for which the research question would be meaningful, as recommended by Smith, Flowers and Larkin (2009). By making the group as uniform as possible according to social or theoretical factors relevant to the study, it is possible to examine in detail psychological variability within the group, by analysing patterns of convergence and

divergence (ibid.). How homogeneity is defined varies depending on the study. This sample group does have some limitations, which will be discussed in section 5.9.2 in the final chapter.

3.3.1.2 Participants demographics

Descriptions of the participants are presented in Table 2. Every effort has been made to keep these descriptions as accurate as possible whilst identifying details have been omitted or changed slightly to ensure anonymity to the participants.

Table 2

Participant Demographics

Name	Description
Jeffrey	Jeffrey is an elderly white British male. He became a Chartered Counselling Psychologist through the Independent Route and became a member of the Division some years ago. He has many years of clinical experience and various training in different modalities and approached the theory and practice of CBT about a year ago. Jeffrey did not have a formal CBT training and mainly learned the model by self study. He is currently working in private practice. I interviewed Jeffrey at his home.
Paul	Paul is his early forties and he is a white British male. He trained as a counselling psychologist at one of the universities in the UK on the old programme that included an MSc and a Postgraduate Diploma. He was trained in different approaches with CBT being one of the main ones. He became a member of the Division in 2000 and has been practising CBT for 20 years. He is currently working as a head of therapy service in a private hospital leading a team of psychologists and assistant psychologists. He also works in private practice for a limited amount of time. I interviewed Paul at his workplace.
Thomas	Thomas is in his mid –thirties and he is a white British male. He trained as a counselling psychologist at another University in the UK (different from where Paul trained) with the old programme (like Paul). He also covered different approaches in his studies (including CBT) and the main emphasis was on relationality. He became a member of the Division not long ago. He has been practising CBT since training but at times in an integrated way. He currently works as a Counselling Psychologist in a secondary care NHS community mental health team. I interviewed him at his workplace.
Phil	Phil is in his early forties and is a white European male. He started his psychology training in his country of origin and continued in the UK in various institutions (universities, private institutions, NHS) and become a counselling psychologist through the Independent Route. He has been a member of the Division since the 1990s. He has been using CBT since the early 1990s but has also been working with other approaches. He did not have a formal CBT training. He is currently working for IAPT service in the UK, and is involved in some roles with the BPS. I interviewed Phil at one of his workplaces.
Dean	Dean is in his late fifties and he is a white British male. He trained as a counselling psychologist at one of the universities in the UK (the same as Paul) with the old programme. CBT was the main focus of his training. He has seven years' post-qualification clinical experience and has been practising CBT for seven years. He is currently working in an NHS secondary care psychology team. I interviewed him at his workplace.
Lisa	Lisa is in her early thirties and she is a white female from overseas. She trained as a counselling psychologist in her country of origin and finished in the early 2000s. Her training was integrative and included CBT (but not as a core modality). She worked in her country after graduation (in private practice and with an integrative approach) and recently came to the UK and has been working for an NHS IAPT service since. She did the High Intensity IAPT training in the first year of her employment. She also sees a limited number of clients in private practice. I interviewed Lisa at her workplace.
Philippa	Philippa is in her early sixties and she is a white British female. She became a counselling psychologist through the Independent Route and has become a member of the Division some years ago. She completed a variety of trainings (in different modalities) including a degree in psychology, a diploma in counselling, CBT workshops and an EMDR training. She has more than 20 years' clinical experience (including CBT) and has worked in a number of settings, including a university in the UK, a forensic unit and for the police. She is currently working in private practice. I interviewed Philippa at her home.
Shaun	Shaun is in his mid –thirties and he is a white European male. He originally studied Pedagogy in his country of origin and then came to the UK in the 1990s. He trained as a counselling psychologist at one of the main universities in the UK (the same as Thomas) with the old programme. He then completed a top-up doctorate in a different university. He trained in different modalities, and CBT was part of his training (but not the main focus). He has been a member of the Division since early 2000s. He has been working with CBT since he was a student, but he also works integratively. He is currently working in secondary care in the NHS and also in private practice. I interviewed Shaun at his workplace.

3.3.2 Data collection

Willig (2001) has emphasised how methods of data collection and analysis should be appropriate to the research question. In-depth interviews are considered the method more appropriate for IPA as they offer a rich, detailed, first-person account of participants' experiences. Other methods used in IPA studies, such as diaries, focus groups and participant observations, were considered as possible alternatives, but one-to-one interviews have been appraised to be a better framework to allow participants to express themselves and be listened to. They also fit better with the model of the relationship between researcher and participants as they allow rapport to be developed (Smith, Flowers & Larkin, 2009). Moreover, several practicalities relating to logistical and time-frame issues facilitated the decision for interviews.

The particular form of in-depth interviewing employed in this research is semi-structured interviewing, which lies on a continuum from unstructured to structured interviewing (Smith & Eatough, 2007). According to Kvale (1996), the semi-structured interview could be understood as a "world life interview", "an interview whose purpose is to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena" (pp5–6). In this kind of interview the investigator prepares in advance a set of questions on an interview schedule, but the interview is guided rather than directed by the schedule, so the order of asking questions is less important (Smith & Osborn, 2007). This represents a flexible approach to gaining accounts of experience, because it can follow the participants' particular interests and permit them to initiate new themes or expand upon important issues, as the participant is seen as the experiential expert (McLeod, 2003).

3.3.3 The interviewing process

Research interviewing is a knowledge-producing activity, but the question is how to characterise the kind of knowledge that qualitative research interviewing can provide (Kvale & Brinkmann, 2009). One's epistemological position can provide an answer to this. Therefore, it is possible to say that the interviewing process in this project is a process of knowledge construction rather than knowledge collection (ibid.). Moreover, contextual constructionism envisages knowledge as contextual: knowledge obtained in one situation is not automatically transferable to knowledge within other situations. This is the reason why contextual descriptions of the settings were provided in section 3.3.1.2.

A total of eight interviews were conducted in this project which ranged in duration from 45 minutes to one hour. An interview schedule was created and a pilot interview was conducted in advance. The main questions in the schedule were focused around the experience of being a counselling psychologist, the experience of working with CBT, and around how the CBT work impacted upon their professional identity as counselling psychologists (cfr. Appendix A for the full interview schedule). The participant who undertook the pilot provided some feedback and this was used to revise both the schedule and the interviewing strategies before the research interviews proper. Specifically, this participant highlighted the questions that she felt were repetitive or redundant, and shared how she felt emotionally when answering particular questions.

The interview schedule was devised following Spradley's (1979) guide to formulating four different types of questions: (i) descriptive questions, including biographical information, life histories etc.; (ii) structural questions, that identify the frameworks of meanings that participants use to make sense of the world; (iii)

contrast questions, that make comparisons between events or experiences; and (iv) evaluative questions, that are used to explore participants' feelings about a topic.

The schedule was close to hand during the interviews as it helped the researcher to ensure that topics were covered if they had not been discussed spontaneously during the course of the interview. Moreover, the use of the schedule helped the researcher to think through the overall area and the issues to be examined, putting the topics in the most suitable sequence, and thinking of possible prompts which could follow from given kinds of answers. As a novice researcher this also helped the researcher to gain confidence in the process, and to think in advance about difficulties that could have arisen in terms of sensitive areas and question wording, and about how these difficulties could be handled (Smith & Osborn, 2007). No untoward issues arose during the interviews and the researcher ended up asking almost all the questions on the schedule but in a creative, suitably flexible way. For instance, the order of the questions was changed at times when it made logical sense in relation to what participants were saying. Likewise, whilst the prepared elaboration prompts were often used, new and unique questions were also spontaneously created for different participants, which related to their experience. This was done in order to explore in a more in-depth way those topics that seemed to be of particular relevance, or to help the participants to express themselves when they seemed to be having difficulties. Achieving the right balance between the interview schedule and the actual interview was difficult, and at times it was challenging to remember topics to return to, or to hold back and avoid leading the participant. However, as Smith, Flowers and Larkin (2009) rightly claim, no interview can ever be perfect, and the researcher developed her ability by doing the interviews. A more in-depth reflection on this aspect of the process is provided in section 5.12 in the final chapter.

All interviews were audio-taped and then transcribed verbatim. During each interview the researcher also took brief notes of observations she made in the here and now about the participant or about her own experience, and about particular words that caught her attention, or that she wanted to follow up. Care was taken to maintain rapport with the participants and to keep listening carefully whilst taking notes. Immediately after each interview additional observations, impressions, feelings and thoughts regarding the interview and the participant were noted. These notes would be used for subsequent contextualisation and development of the data analysis.

3.3.4 Data analysis

The literature on the analytic method in IPA has not prescribed a single way for working with data and the procedures of analysis can be quite flexible as long as the focus remains on participants' attempts to make sense of their experiences (Smith, Flowers & Larkin, 2009). There are, nevertheless, general processes involved in IPA analysis such as moving from the particular to the shared, and from the descriptive to the interpretative. There are also general principles such as the commitment to understanding participants' point of view and focusing on personal meaning-making in certain contexts. Smith (2007) describes this kind of analysis as multi-directional, iterative and inductively cyclical. The above principles and processes are normally used flexibly by experienced researchers and they involve flexible thinking, and processes of reduction, expansion, revision, innovation and creativity. For the novice researcher approaching IPA for the first time, Smith, Flowers and Larkin (2009) present and recommend a step-by-step guide to conducting IPA analysis. The aim of the steps is to offer a sense of manageability and order and to minimise the potential for novice researchers to feel overwhelmed by the amount of data. They recommend that new researchers begin the analysis by following the steps closely and then adapt them when

they feel comfortable to do so and the process requires it. This is how the analysis of the present project has been approached. Given that IPA is idiographic, the first case has been analysed in detail and then the second, and so on. Smith, Flowers and Larkin's steps and the researcher's personal analytic process are described in Table 3.

Although this step-by-step approach seems linear, it is actually iterative and so goes back and forth through different ways of thinking about the data (i.e. the hermeneutic cycle) (ibid.). Hermeneutics relates to the act of reading, and there are many possible ways of reading or interpreting data. The hermeneutic cycle is concerned with the dynamic relationship between the part and the whole at different levels: in order to understand the parts, the whole needs to be understood, and vice-versa. The researcher has engaged with listening carefully to the participants as a group and as individuals, and also to her own responses, and something new has emerged from these interactions (ibid.).

Table 3

Smith's (2009) Stages of IPA Analysis (from Smith, Flower & Larkin, 2009)

Step	Description
Step 1: Reading and re-reading	Each transcript has been read several times in order to develop close familiarity with the content.
Step 2: Initial noting	Descriptive, linguistic and conceptual notes have been made in the right-hand margin of the transcript, next to the underlined statements (which are the ones that seemed interesting and relevant).
Step 3: Developing emergent themes	Titles of potential preliminary themes that emerged from the data have been given.
Step 4: Searching for connections across emergent themes	Connections between the themes have been searched for, and related themes have been grouped together under headings. Any cluster was compared to the original transcript in order to check whether it was reasonable. This phase has been conducted according to existing theory and the researcher's clinical experience, and it relied upon her analytic and interpretative process, as is consistent with the IPA method.
Step 5: Moving to the next case	The analysis moved to the next transcript and the process was repeated again while the researcher tried to bracket the ideas that have emerged from the previous analysis.
Step 6: Looking for patterns across cases	A table of themes and sub-themes was produced, and patterns across cases were looked for.
Step 7: Writing up	The final shared themes were translated into a narrative account (Willig, 2001).

3.3.5 The role of the researcher

According to Madill, Jordan and Shirley (2000) a researcher's perspective includes details such as gender, ethnicity, age, analytic style and other features that inform the audience about the researcher's writing position. This kind of contextualist analysis does not view the researcher's perspectives as biases (like a more positivistic or realist analysis would), but accepts the inevitability of bringing the researcher's own personal and cultural perspectives into the research project, and the contribution this makes towards their understanding of the material (Marshall, 1986). The first person singular is used below to describe the researcher's role, as, together with the researcher's personal demographics (section 2.1.1) this can be considered part of the researcher's position that can influence the research process.

I have previously spoken about my cultural background (section 2.1.1). What I have not yet mentioned is my analytic style, which Miller et al. (1997) consider to be an important aspect of researcher subjectivity. The analytic style can reveal hints of the researcher's internal models and constructs. The authors identify one particular conceptualisation of analytic style in which there are four analytic approaches in order of increasing abstraction: descriptive (staying with the facts); deductive (drawing conclusions); thematic (identify underlying themes); and speculative (creative interpretation). I consider that I have used each of these in my analysis in the present study. Moreover, I believe that I have steered more towards a serialist style (Pask, 1976) as I used the steps described above and analysed case by case. However, my process has still maintained its circularity, which is the process of moving back and forth through the ways of seeing the data. Although the step might show linearity, the relationship with the data shifts and the perspective on the part–whole coherence tends to change continuously. This process is the hermeneutic cycle mentioned above.

3.3.6 Assessing quality and validity

Traditional objectivist methods of investigation typically use coding manuals and statistical analysis to maximise objectivity and non-biased data collection. The validity and the quality of the research are considered to be important for qualitative researchers too, but they maintain that qualitative studies should be evaluated in different ways (Smith, Flowers & Larkin, 2009). This assessment will always be a matter of judgement, and whilst there do not yet exist agreed evaluation standards, various authors have produced guides for assessing the quality and validity of qualitative research (e.g. Elliott, Fischer, & Rennie, 1999; Yardley, 2008). Smith (2011) recommends that researchers use these guidelines to help them achieve an acceptable standard for postgraduate theses and/or journal papers. However, because these criteria are drawn up in general terms, he has also criticised them for not being specific enough and has consequently developed other criteria of quality specific to IPA (ibid.).

Following Smith's (2011) recommendations, the present research draws upon Smith (2011) and Yardley's (2008) guidelines to evaluate the quality of the project. These guidelines are outlined respectively in Figure 1 and Figure 2 below, after which a description of how these were addressed in the present study is presented.

IPA QUALITY EVALUATION GUIDE (SMITH, 2011)

Criteria for an acceptable paper

1. It clearly subscribes to the theoretical principles of IPA: it is phenomenological, hermeneutic and idiographic.
2. It is sufficiently transparent so reader can see what was done.
3. It has a coherent, plausible and interesting analysis.
4. There is sufficient sampling from corpus to show density of evidence for each theme as follows:
    a. N 1 - 3: extracts from every participant for each theme
    b. N 4 - 8: extracts from at least three participants for each theme
    c. N > 8: extracts from at least three participants for each theme, measure of prevalence of themes, or extracts from half the sample for each theme.

Overall the paper is sufficiently trustworthy to accept for publication or include in a systematic review

The following caveats are in place

1. *Compensation*. Evidence base and interest factors are considered together so that, for example, a paper with particularly interesting data may gain compensation for a less than ideal evidence base.
2. *Partial acceptability*. A paper may be deemed acceptable if it has partial but discrete pockets of acceptable content. For instance
    a. Paper may present four themes, two of which are interesting and well evidenced while two of them are not. In this case, the paper can be considered acceptable as the two good themes make a sufficient contribution in their own right.
    b. Paper may have number of themes but evidence each with data from the same single participant. This paper may be considered acceptable if the account of the individual is sufficiently coherent that it can be read as an interesting idiographic case-study.
    c. Paper may present data from two participant groups, e.g. males and females and be deemed acceptable for one participant group but not the other.
3. *Safe or borderline*? A paper showing sufficient sampling as described above is deemed safe. A paper with a sample of over eight with extracts from enough participants to illustrate variation but without detail of prevalence or enough evidence of density of themes is deemed borderline.

A paper must clearly meet all the criteria for acceptable. It then offers three extra things:

1. It is well focused, offering an in-depth analysis of a specific topic
2. Data and interpretation are strong
3. The reader is engaged and finds it particularly enlightening.

Overall the paper could be recommended to a novice as a good exemplar of IPA

Criteria for an unacceptable paper

If the paper fails on one of the four above acceptable criteria it may be

1. Inconsistent with theoretical principles of IPA
2. Insufficiently transparent for the reader to see what was done
3. Not of sufficient interest
4. Poorly evidenced

Predominantly what lets a paper down is a poor evidence base. The ways this can occur are

1. A large number of descriptive/superficial themes from a large number of participants
2. Each theme has a short summary and one or two extracts without interpretation
3. Insufficient extracts from participants to support the themes being illustrated
4. No explanation for how prevalence of the themes was determined
5. Analysis is crude, lacks nuance

Overall the paper is not trustworthy and would not be judged acceptable for publication

Figure 1. Smith's (2011) IPA quality evaluation guide

CRITERIA TO EVALUATE THE QUAILTY IN IPA (YARDLEY, 2008)
Sensitivity to context
1. Sensitivity to perspective and socio-cultural context of participants 2. Consideration of relevant literature 3. Material obtained from the participants
Commitment and rigour
4. Thorough data collection 5. Depth of analysis 6. Methodological competence and skill 7. In-depth engagement with the topic
Coherence and Transparency
The clarity and power of the argument one can make for a study and the way in which it is carried out Does the research have a solid grounding in the methods used and their theoretical background? How well can the reader understand exactly what was done and why?
Impact and importance
Do the findings have the potential to make a difference?

Figure 2. Yardley's (2008) criteria to evaluate the quality in IPA

Both Smith's and Yardley's guidelines were taken into account when preparing for, and conducting, the research and analysis.

Sensitivity to context. The present project was designed with careful consideration of the possible impact on participants of the researcher's characteristics, including her culture, age, gender, and professional role. The research was sensitive to participants' perspectives through the use of open-ended questions within the interview schedule. The researcher also endeavoured to demonstrate an appreciation of the interactional nature of the interview process, and took care to allow participants to feel comfortable during the process. The literature relevant to the present study is presented in the introduction and literature review chapters of this thesis. Its consideration sought to contextualise the study by identifying gaps in the extant literature on the topic of interest, helping to formulate an appropriate research question. The analysis was also reviewed in the light of the existing body of research, creating an interactive dialogue between the findings and the literature. New relevant literature was also sought and included when discussing the findings, and has been added in the discussion chapter.

During the data-analysis process careful attention was paid to the unfolding account of the participants and to ensure that analytic claims were well grounded in the data. Interpretations have been presented as possible readings, and any general claim was offered cautiously.

Commitment and rigour. Commitment and rigour were maintained from the selection of participants, through to the analysis and reporting of the findings. Specifically, the sample was carefully selected to match the research question whilst also providing a reasonably homogeneous sample. During the interview process, the researcher reflected upon the process, striving to always conduct good-quality interviews, to show attentiveness to participants, and to identify important cues and probe further if felt to be appropriate. Within the analysis the researcher endeavoured to maintain an idiographic engagement with sufficient interpretations, whilst also communicating something important about the communal themes, and selecting appropriate illustrations for each theme. In order to demonstrate methodological competence the researcher thoroughly consulted relevant literature and attended peer meetings in order to develop her skills and knowledge of IPA. Finally, a detailed explanation of the choice of design in relation to the research question has been discussed in the methodology chapter, demonstrating how this study has attended to commitment to rigour.

Coherence and transparency. The researcher provided a detailed rationale for this study in the methodology chapter, outlining the epistemological position of the project, the theoretical background of IPA and the reasons why IPA was chosen over other methodologies. To maintain methodological transparency the researcher has presented the full analysis process of one of the interviews (see Appendices B–D). Moreover, quotations from transcripts are included in the findings chapter to

illustrate the themes and to enable the reader to evaluate the fit between the data and its interpretation.

Furthermore, an independent audit has been conducted for this research through the supervisory team and an external academic who was not involved in the research process. This team variously examined transcripts, notes, initial codes, categories and themes, and checked whether the annotations had validity in relation to the text and IPA. Considering that any analysis can only be offered as a tentative account with many feasible alternative interpretations, the aim was neither to reach the "truth" nor consensus, but for the researcher to have an alternative way of reflecting on the data, and to allow the possibility of many legitimate accounts, and so to ensure transparency (Smith, Flower & Larkin, 2009).

Reflexivity is also considered an important way to ensure transparency (Willig, 2001), and thus reflexive sections have been presented throughout this project. Through these reflexive accounts the researcher aimed to illustrate, as far as possible, her values, interests and assumptions, and how these might have influenced the participants and the research process. In order to minimise these influences, the researcher also sought to bracket out her own preconceptions by consistently recording them in a research diary before and after the interviews, and subsequently used them as a source of insight for the analysis. Nevertheless, the researcher remained aware that bracketing and remaining outside of the participants' subject matter is not always possible.

Impact and importance. Finally, the relevance of this study has been outlined in the first three chapters of the thesis, and suggestions as to how this research will contribute to clinical practice are discussed in section 5.11. Throughout the design and implementation of this project, the researcher aspired to say something interesting, important or useful to the readers and to the practice of counselling psychology. The sample characteristics and the context of the study are outlined, which should enable the

reader to judge the transferability and relevance of the findings (Elliott, Fischer & Rennie, 1999).

3.4 Ethical considerations

Prior to the start of the study, several potential ethical issues, and safeguards against them, were considered, which relate to both the production of scholarly work, and to the ethical treatment of human participants in research.

3.4.1 Ethical considerations relating to scholarly work

Providing inaccurate, incomplete or misleading information in research may distort or wrongly throw into question or falsify the profession's knowledge base. Therefore the researcher has the responsibility to provide accurate information in order to improve the condition of the individual and society, and to extend the profession's knowledge base. Moreover, the researcher is responsible for making every possible endeavour to minimise the possibility that results will be misleading, and so to report results accurately and as far as possible prevent their misuse (Heppener, Kivlighan & Wampold, 1999).

3.4.2 Ethical considerations relating to participants

There are several ethical considerations relating to the use of human participants. Firstly, the study may cause psychological harm to participants in the sense that their confidentiality could be compromised by making recordings of interviews which will subsequently be heard by a wider research team. Secondly, the research interview could act as a potential trigger for retrieving painful material for participants. In terms of the relationship between the researcher and participants, it is possible that the researcher could consciously or unconsciously manipulate the interview process

or content in order to produce results that conform to her own assumptions (McLeod, 2003).

3.4.3 Strategies for dealing with ethical issues

This study has been conducted by strictly applying the ethical principles stated in the Code of Ethics and Conduct of the British Psychological Society (2009). Prior to the interview a letter of invitation illustrating full information about the nature and value of the research was sent to those participants who agreed to participate (Appendix E). At the start of the interview the informed consent form (Appendix F) was given to participants to sign, in which they were informed of their right to withdraw from the study or hold back some or all of their data without consequences. Participants were also informed that whilst any identifying personal features would be anonymised within the write up of the study, their data would still be used and published in an aggregate form, and they were provided with information on how the data would be used. Because participants were practicing counselling psychologists, and the material would examine their own work, participants were assured that they would not be asked to identify their own clients, or provide any specific information regarding the content of sessions or particular clients.

At the end of the interview, participants were given a debriefing form (Appendix G) which they were also asked to sign. Support, in the form of contact details for organisations such as BPS, UKCP, BACP and the Samaritans was made available in case the interview had caused painful emotional material to emerge. Absolute respect to psychological and physical consequences, personal values, dignity, and the individual and cultural differences of the participants was followed at all times and the information obtained was kept confidential with no indication of personal identification (principle of respect). To ensure that names were kept separate from

data to protect confidentiality, participants were asked to create an eight-digit personal identification code which they kept safe. The researcher also ensured the maintenance of the ability to function optimally within the recognised limits of her knowledge (principle of competence); she took responsibility for avoiding harm to participants and society (principle of responsibility); and valued and pursued honesty, clarity and fairness in all interactions with the participants (principle of integrity) (British Psychological Society, 2009). All these principles were adhered to as fully and faithfully as possible.

3.4.4 Ethical Approval

Ethical approval for the present study was granted by the Ethics Board of the Psychology Department at Roehampton University (Appendix H) and the research was conducted according to the British Psychological Society guidelines.

CHAPTER IV: FINDINGS

4.1 Process of data analysis

Smith, Flowers and Larkin (2009) describe several different criteria for selecting the themes in interpretative phenomenological analysis (IPA). These criteria are dependent upon sample size – specifically, whether there are only the recommended six participants or a larger sample, although Smith does not specify what would constitute a "large" sample. Because the present study had eight participants, a decision was made to slightly modify Smith's recommendations, and to follow both the sequence of analytical steps suggested for a sample of six, and those for a larger sample.

Thus, a detailed analysis of each case has been produced, as would be the case if there was a sample of six participants, resulting in a table of themes capturing the pattern for that particular participant. Subsequently, the emphasis shifted to assessing the key emergent themes for the whole group, whilst still maintaining the idiographic commitment by illustrating examples taken from individuals. In order to create the master table of themes for the whole group, recurrence of themes across cases has been considered. Smith, Flowers and Larkin have stated that "there is no rule for what counts as recurrence and the decision will be influenced by pragmatic concerns such as the overall end product of a research project" (2009, p.107). Consequently, the decision made for this project's recurrence criterion is that to be classified as recurrent, each superordinate theme must be present in all of the participants' interviews. Moreover, for a sub-theme to be considered recurrent, it must be present in at least a third of the participants' interviews. Smith (2011) has also suggested that in samples of between four and eight participants, extracts from at least three

participants for each theme can be considered acceptable. A table identifying recurrent superordinate themes is presented in Table 5.

The discursive account of the findings will be presented by following the order of the master table of themes and will provide evidence from participants to support each theme (i.e. "case within theme"; Smith, Flowers & Larkin, 2009, p109). The discursive account is written in the first person, as it involves the interaction of the experiences of the participants and the researcher and is also the result of the researcher's own interpretative activity.

The master table of themes is composed of three superordinate themes, each of which has four sub-themes which form its body. The order of the superordinate themes has been organised according to logical progression, moving from the general to the particular. It begins from general themes around dimensions of professional identity to the more specific themes around the impact of CBT on counselling psychologists' professional identity. The first superordinate theme has the function of introducing the context of the latter two superordinate themes and their embedded sub-themes, which are the most relevant to the original research question. It has been considered logical to position these at the second and concluding part of the discursive account.

The order of the sub-themes within the superordinate themes has been chosen with a different criterion: the number of the accompanying interview excerpts, or quotations, relevant to the theme. Thus, the order moves from the stronger themes (i.e. those illustrated by more quotations from the different participants) to weaker themes (i.e. those that are illustrated by least quotations from the different participants). However, even though the weaker themes contain less supporting

quotations, they are not considered as less relevant than the stronger themes, due to the idiographic commitment of IPA.

An abbreviated master table of themes is presented in Table 4 and is followed by a narrative account of the findings. The latter will cover all of the superordinate themes and sub-themes of the group and these will be illustrated with quotations, which will be analysed in detail. The full master table of themes, including quotations extracted from the remaining cases, is presented in Appendix I.

4.2 Findings

Table 4 and Table 5 contain a summary of the superordinate and subordinate themes from the IPA analysis, and the recurrence of those themes across participants, respectively.

Table 4

Abbreviated Master Table of Themes

Superordinate Theme	Subordinate Theme
Theme 1 Dimensions of professional identity	a. professional self as emerging from personal beliefs b. training, or lack of it, as influencing professional identity c. comparison in relation to clinical psychologists as related to confusion in professional identity d. different professional selves
Theme 2 The contributions of CBT to the "professional self"	a. sense of self-efficacy when CBT is experienced as working b. eliciting pragmatic/masculine aspects of the self c. freedom to be authentic d. coping with interpersonal anxiety
Theme 3 How CBT compromises the "professional self"	a. limitations of CBT as a therapeutic approach and its impact on self b. compromises practitioners' therapeutic presence c. systemic and societal pressure as generating performance anxiety d. reduces authenticity

Table 5

Identifying Recurrent Themes

Superordinate Theme	Jeffrey	Paul	Thomas	Phil	Dean	Lisa	Philippa	Shaun	Present in entire sample
Dimensions of professional identity	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contributions of CBT to the "professional self"	✓	✓	✓	✓	✓	✓	✓	✓	✓
How CBT compromises the "professional self"	✓	✓	✓	✓	✓	✓	✓	✓	✓

4.2.1 Superordinate theme 1: Dimensions of professional identity

The first superordinate theme addresses what the participants considered to be important dimensions of professional identity. Most participants seemed to find it difficult to talk about professional identity or identity and lived experience, and so these dimensions were not always clearly stated, and needed to be teased out from the text. Although it is challenging to articulate what exactly could be behind this difficulty, a possible speculation might be that it arose as a result of the nature of the interview question itself. The expression "professional identity" was deliberately not mentioned in order to leave participants free of a pre-imposed concept. Instead, the question posed was "what is your lived experience of being a counselling psychologist?" Most participants asked me to explain what I meant by lived experience, and upon reflection it seems that it might have been difficult for them to understand what the question was asking. Moreover, this difficulty may indicate the complexity of talking about something so deep without a theoretical construct in mind. In fact, many

participants did answer using theoretical concepts commonly attributed to the philosophical underpinning of the profession.

Sub-theme 1A: Professional self as emerging from personal beliefs

Most participants mentioned personal beliefs, including personal life experience which influences personal beliefs, as the bases of their professional self. They considered that the way they are as professionals does generate from, and depends upon, beliefs and characteristics that are already part of who they are, even before becoming professionals. In the following extract Shaun illustrates that even the training he chose had to fit with his beliefs. He mentions clinical psychology as something he could not have pursued as it did not fit with his beliefs, whilst counselling psychology did:

> *"Umm but, at the time, the...the focus of the training where I went (), at the time which was a phenomenological/existential training, was what fitted me most in terms of my beliefs and the way I would like to think with people about things. And this is why I wouldn't have done clinical psychology, even though I could have ... grade wise I could have easily applied. But it wasn't interesting…I wasn't interested ever. It's a good question actually. It was quite clear to me that I wanted to be a counselling psychologist rather than a clinical psychologist". (Paragraph 134)*

This is an important passage as it contains several issues that are also linked with other following recurrent themes. Firstly, Shaun defines the theoretical framework of his training and claims that the training fitted his beliefs and the way he would like to think with people about things. His beliefs might represent his personal identity, whilst the way he would like to think with people about things might represent his professional identity (as "people" are the clients he works with). Therefore he seems to be saying that training, personal and professional identity are all interconnected and need to fit each other. The relevance of training for professional identity is the

next theme that will follow, and it will therefore be discussed in more detail below (see theme 1B).

In the second part of the extract, Shaun makes a comparison with clinical psychologists, and this is part of a set of social comparisons Shaun makes in his interview. Here Shaun seems to be very clear about the distinction between the two professions and about his motivation for becoming a counselling rather than a clinical psychologist. However, elsewhere in the interview he acknowledges his uncomfortable feelings about his perception of his title being devalued with respect to clinical psychologists. In this passage he seems to be expressing some envy towards the "sister profession". In his comment "grade wise I could have easily applied (to clinical psychology)", the word "easily" might be viewed as a wish to elevate himself in order to avoid feeling inferior. The issue of comparison with clinical psychology is another theme which arose from the interviews (1C).

In his final sentence in this excerpt, "It was quite clear to me that I wanted to be a counselling psychologist rather than a clinical psychologist", Shaun also conveys his certainty about his professional identity as a counselling psychologist. However, this also contradicts other parts of his interview in which he doubts whether he considers himself a counselling psychologist or a clinician. This confusion around identity constitutes part of the theme presented below (1C). Perhaps the past tense he uses indicates that his beliefs have changed over time, and now he is not so sure whether he still sees himself as a counselling psychologist. This interpretation could partly explain the contradictions between this extract and different parts of Shaun's interview. Shaun trained in a relationally oriented institution and has been working for many years in the NHS, which is more oriented to a medical model, which might also explain his confusion about his professional identity. He is also not from the

UK, and did part of his initial training in his country of origin, another element that can render his uncertainty more understandable.

Sub-theme 1B: Training, or lack of it, as influencing professional identity

Another element that most interviewees considered inseparable from their professional persona was their training. They talked about the impossibility of not being affected by what they learnt (or didn't learn) in the past in the work they do and in the way they see things. Training tends to be so influential that counselling psychologists doing the same course in different institutions can develop as totally different professionals. Shaun illustrates this issue by saying:

> *"I supervise two trainees from () that's completely different training in many ways…They will come out as completely different professionals, to be honest, although they're both counselling psychologists. But there's no overlap between the training".* (Paragraph 235)

What Shaun says raises questions about how much it is possible to talk about one single philosophical underpinning of the profession of counselling psychology, when each institution seems to teach its preferred philosophy. Still in relation to the importance of training on professional identity, Lisa responded to the question about her lived experience of being a counselling psychologist with the following statement:

> *"I think ... I think we were taught to believe that counselling psychology is more about working with a range of different people with more life stage problems rather than psychiatric problems". (*Paragraph 50)

Firstly, Lisa asked me what I meant by lived experience; then, after my clarification, replied with the above sentence. It seems that the immediate thought that came to her mind was the definition of counselling psychology acquired through her training rather than her own experience of being a counselling psychologist. This emphasises the important influence of training upon individuals' professional identity formation, but also the difficulty that can be experienced when trying to talk about this identity

at the felt-sense level without being affected by intellectual discourses learnt from the training. Lisa's use of "I think" seems to confirm that she is answering at the intellectual level rather than at a felt-experience level. Moreover, the repetition of "I think" might indicate her uncertainty about what she learnt and the sense she makes of it, therefore an uncertainty around her professional identity. Her confusion can perhaps be related to the confusion Shaun experienced in the above theme. Interestingly, Lisa is also not originally from the UK, and did all of her training in her country of origin. Like Shaun, her training was relationally oriented and she has been working in the NHS for a while, although for less time than Shaun, specifically in an IAPT service. In the above transcript she talks about being taught that counselling psychology is about helping people with life-stage problems rather than psychiatric problems, and she is in a job where she is expected to work within the medical model. As with Shaun, this could possibly explain her confusion.

Sub-theme 1C: Comparison to clinical psychologists is related to confusion in professional identity

Half of the participants mentioned the societal and systemic implications of professional titles, and perceived that being a counselling psychologist was something devalued by the system as nobody really knows what this profession is about, including them. Moreover, they not only felt discriminated against, but also compared counselling psychology to other branches of psychology. Specifically, clinical psychology was mentioned as an issue relevant to their professional identity. There is a sense of "sibling rivalry" being present: the two professions are different but practitioners of each discipline can often end up doing relatively similar jobs, particularly in the NHS, and it seemed that the interviewees felt some resentment about clinical psychologists being treated more favourably by the system. These

issues can contribute to a sense of confusion around professional identity, which could be paralleled with the same sense of confusion the profession itself is experiencing, as mentioned in sub-theme 1B. In relation to this theme, Thomas says:

> *"I suppose I have felt at times that my experience could push me more towards feeling like a clinical psychologist and feeling not sure about what the distinctions are. I know there's counselling psychologists around who want to be clinical psychologists basically. But I've never really kind of been that. I don't know. I've had a bad experience of clinical psychologists and assistant psychologists, I think. Well 'bad' isn't fair. I didn't like it, I suppose, is a fairer way of putting it. I just felt like counselling psychology was, as I've explained, just fitted with my sort of beliefs better. And so I wanted to maintain that identity. It's felt a bit like...it's felt a bit tricky doing that at times. And whether...I don't know, whether sort of like just doggedly holding on to this identity if you sort of, I don't know, damage your prospects of progressing in an NHS setting. I don't know. I don't really think that but..."* (Paragraph: 75)

There are several important issues to note in this passage. Thomas seems to be experiencing a struggle between clinging on to an identity which fits best with his beliefs (being a counselling psychologist) and being taken over by another identity that is the one "the system" wishes him to be (a clinical psychologist), resulting in some confusion about his professional identity. It is important to mention that Thomas is a relatively young counselling psychologist who qualified five years ago (by a core training institution) and has only worked in the same NHS department since qualification. In this context, a metaphor might help to describe his lived experience. Perhaps there is something adolescent-like in Thomas' struggle. It seems as if he is a teenager who is entering the separation-individuation stage, and is therefore struggling between the need to develop his own identity and the difficulty of separating from the parent (the parent symbolised by the NHS organisation). The struggle is indicated by Thomas's particular narrative in which he says something in one sentence and then minimises it in the next. For example, he first says that his

experience (meaning the organisation) could push him towards feeling like a clinical psychologist, but then says that he does not know what the distinctions are. He says that he knows there are many counselling psychologists who would like to be clinical psychologists, but he is not like that. Then he says that he has had bad experiences of clinical psychologists, and then that the word "bad" is not fair, and he uses "I didn't like it" instead.

Later, Thomas says that he wanted to maintain his identity as a counselling psychologist but that doing this is challenging. He also mentions a concern about his career progression being damaged if he does not comply, but he says that he does not think so. Thomas's repeated use of "I don't know" can be seen perhaps to confirm the struggle and uncertainty about whether to develop his identity or to comply with what the "parent" wants him to be. He seems to have a certain degree of fear of the authority figure (the system representing the parent), and is concerned about losing the parent's love if he does not comply ("I don't know, whether sort of like just doggedly holding on to this identity if you sort of, I don't know, damage your prospects of progressing in an NHS setting"). He does not feel allowed to separate and affirm his identity, and this can keep him in confusion about his professional identity. The temporal referents in the passage highlight that the struggle is still ongoing: he uses the past tense within this excerpt, apart from the last sentence in which he switches to the present tense.

Sub-theme 1D: Different professional selves

This theme, similarly to sub-themes 1B and 1C, highlights the apparent lack of a core identity within the profession of counselling psychology. This lack of core identity seems to be not only within the profession, but also within participants' self. In fact, half of the participants in the present sub-theme conceive that there is no one unitary

identity, but many possible selves (or parts of self) which are flexible and adaptable to new situations and new challenges. For example, Phil says:

> *"Someone has multiple identities in relation to whom we relate to. I mean, in terms of models, often I come back to the issue of language. Maybe I'll come back to that later, but for me in terms of identity, someone can have multiple identities. Some identities can be conflicting. There's no question about that. Like someone's obligations to one member of their family may be conflicting with their obligations of what one person may want, what may the other and sometimes there are tensions. But actually, people have multiple relationships. And the self is a larger one that needs to encompass and contain".* (Paragraph 103)

In this extract Phil initially seems to find a "solution" to Thomas's conflict around professional identity, a kind of postmodern acceptance that there are different parts of the self ("multiple identities") that can sometimes be in conflict with one another. Whilst Thomas used the example of the organisation, Phil confirms the social nature of the self by using the example of family relationships. Sometimes adapting to other people's needs may mean to go against one's own needs, but it is possible for the self to adapt to different needs as there are multiple selves, and multiple relationships. However, in his last sentence Phil does seem to say something different. He now talks about the self being larger and embracing conflicts rather than multiple selves. This might indicate that Phil is actually not certain about the nature of self, that is, whether we have multiple identities, or one core self which can contain the different conflicts, and is also confused, like Thomas and other participants, about his own identity.

4.2.2 Superordinate theme 2: The contributions of CBT to the "professional self"

Both the second and third superordinate themes are about the effects of CBT on the participants' professional identity. This theme addresses what professionals seem to experience as contributions of CBT to the self.

Sub-theme 2A: Sense of self-efficacy when CBT is experienced as working

Practitioners experience their sense of self-efficacy as increasing when CBT is experienced as working. This might reveal something about the possibility of practitioners experiencing low self-esteem and needing to feel that they are effective, and can do some good work by helping clients, in order to value themselves. However, it is unclear what criteria practitioners used when considering CBT to be "working": is it their clients' subjective improvements, clients' positive feedback about therapy, or standardised objective outcome measures? In relation to this theme, Lisa says:

> *"...when...I mean when CBT works, it works beautifully and it's really nice then to be a CBT therapist because it feels very efficient and it feels very effective and I feel very proud of myself that I know what I'm doing". (*Paragraph 209)

In this short passage, Lisa says that when CBT works it feels effective and she feels more confident about knowing what she is doing. This is the first time in her interview that Lisa calls herself a CBT therapist. She has not called herself a CBT therapist in other moments of the interview when she criticised CBT, therefore it seems that only when CBT is perceived as working is she prepared to identify herself as a CBT therapist. She seems to imply that if she feels so effective and proud of herself when CBT produces good results, she may feel less proud of herself when CBT does not produce the good results. This could be related to a sense of low self-

esteem that she experiences when she does not have tangible positive feedback about her capabilities. It seems that working with the unknown produces a degree of anxiety in her which translates in a self-perception of being ineffective and possibly incapable. By using the word "really" and by the repetition of "very", she might possibly be unconsciously exaggerating the high self-esteem she feels when she experiences CBT as working in order to emphasise how low her self-esteem is, and how ineffective she feels when she experiences CBT as not working.

This sense of ineffectiveness and low-self esteem is expressed more openly by Dean. He probably says explicitly what Lisa and others might merely be implying. Within this theme Dean sounds like an atypical case, representing the opposite view of the theme. Here, when CBT is experienced as not working, Dean feels that his confidence diminishes. At this point in the interview he was talking generally about his lived experience of being a counselling psychologist, and not specifically about CBT. However, as Dean only works with CBT and only "believes" in CBT, it can be assumed that, in the extract below, he is referring to his experience when he works with CBT.

> *"Ah, you have to be careful because you can feel...you can feel incompetent and useless and a waste of space, umm, because so few people actually recover. You get relapses and so forth quite frequently, and so forth. Umm so, you know, it's.. you have to be careful about that, that you don't let that to get build up".*[sic] (Paragraph 69)

Dean uses very strong words to illustrate the feeling he experiences when clients do not recover or relapse ("incompetent", "useless" and "a waste of space"). There appears to be a somewhat narcissistic element in these words, as though he takes clients' recovery as a personal challenge and needs them to recover in order not to feel so ineffective. It seems that his sense of competency and self-esteem is externally, rather than internally, regulated. Thus, if clients do not recover, his sense

of confidence is diminished and so he needs clients' recovery in order to validate his effectiveness as a therapist and perhaps, by extension, as a person. The expression "waste of space" has a material and physical taste, and he seems to be referring more to himself as an embodied being rather than to his skills and knowledge as a therapist. Moreover, he seems to be terrified by these negative feelings as he says "you have to be careful about that, that you don't let that to get build up." [sic]. He seems to imply that there is a risk of something very dangerous happening if those feelings become too overwhelming. It is not clear what he is afraid of, but there seems to be a strong concern about the consequences of these feelings. Dean is talking about himself but uses the general "you". Perhaps he feels slightly anxious even in talking about these overwhelming feelings, and therefore he distances himself from them through his choice of language.

Sub-theme 2B: Eliciting pragmatic/masculine aspects of the self

This theme could be seen to confirm the idea mentioned in 2A ("different possible professional selves"). This seems to be saying that there is no one unitary identity but many possible selves (or parts of self) which are flexible and can adapt to CBT by drawing upon or using the parts of self that match with it. Most interviewees, including the female participants, felt that CBT elicits the pragmatic, masculine and logical parts of the self. Of the eight participants, six were male, a fact that could raise curiosity around the pragmatic, directive, brief and solution-focussed nature of CBT and perhaps of the people who feel comfortable practising it. Philippa illustrates this theme clearly in the following passage of dialogue taken from a discussion around the existence of different personal and professional parts of self:

> Interviewer: *"Which one of these (parts of self) do you feel is umm ...it comes out, in your own experience, when you work with CBT in particular?"* (Paragraph 228)
>
> Philippa: *"I suppose the very focussed part, the mechanical, pragmatic, slightly masculine part which I...CBT, when you're doing it, is so much easier than some of the other therapies".* (Paragraph 229)
>
> Some text in between
>
> Interviewer: *"I was interested…what does it mean to you 'masculine?'"* (Paragraph 236)
>
> Philippa: *"Well it is a masculine part of me. You know, I'm a masculine shopper. I go in, I'm extremely goal focussed. I don't do the girly thing and go round all the shops. I go in, I know what I'm going in for and I know where to go for it. Yes. I mean that's just an example of masculine".* (Paragraph 237)

It is considered important when understanding Philippa's words to mention that her father served in the British armed forces and Philippa also served in the military for a long time, and she is therefore familiar with the 'command and control' of a quasi-authoritarian structure. She felt extremely comfortable working in a masculine way within that culture. Philippa says that when she uses CBT, a masculine part of her self emerges, the one which is focussed, mechanical and pragmatic. Then she explains that there is a masculine part in her besides the practice of CBT, giving a detailed account of the way she shops, which is very goal focussed, and therefore resembles more what is typically considered to be the masculine way of doing shopping. The repeated use of "I am" also gives an idea of her as being a confident person who knows exactly who she is (and confidence is another characteristic sometimes associated with men). It is interesting to note how the social stereotype of men's and women's typical attitudes is evident in her speech ("I'm a masculine shopper").

Secondly, it is appropriate to give some consideration to the links between her finding CBT easier than other therapies and her familiar and comfortable feelings within an arguably authoritarian and masculine culture. CBT is described across the interviews as a focussed, directive and goal-oriented approach. It seems that people like Philippa who are naturally directive, masculine, goal oriented and pragmatic feel comfortable working with CBT and find it "easier than some of the other therapies" (as Philippa says, above). This might have something to do with being authentic in therapy, which is one of the factors that many participants considered fundamental in relation to their professional identity. The relationship between authenticity and CBT is the next theme which arose, and will be discussed below.

Shaun also provided a good description of how CBT feels goal oriented and how he himself feels much more directive when he uses it, as opposed to how he feels when practising other types of therapy:

> *"(CBT) it probably features with almost every patient I work with. But the only time that I say I'm actually using CBT is when I give a patient very clear instruction on doing something, either filling something out or doing homework".* (Paragraph 157)

Sub-theme 2C: Freedom to be authentic

Some professionals said that they feel freer to be themselves when they work with CBT. With the expression "freedom to be themselves", participants seem to be referring to the concept of "authenticity". Although authenticity is, philosophically, a very subtle and complex term, here it makes sense to use the meaning the participants seem to associate to it. Therefore, in this chapter, the term "being authentic" will stand for "freedom to be oneself". However, a discussion about the complexity of the term will be provided in Chapter IV, as well as illustrating the position this project takes in respect to it.

Authenticity is considered an important element of identity/professional identity by these interviewees. This could mean that CBT actually matches their values and allows them to be themselves. Thomas illustrates this theme:

> *"But then actually doing it, in an odd way it felt like the structure of it was kind of a bit liberating actually, a bit freer to be yourself than in a person-centred way, in which you're actually having to kind of monitor and watch how you are...It almost felt a bit more boundaried because you're working more with your person, so you've got to be more aware of that. Whereas in CBT I felt like focus on the techniques and the things you're doing, you didn't have to worry...I don't know, like making a joke about something. Whereas with person-centred you feel a bit more careful about that sort of thing".* (Paragraphs 102–104)

In the above quotation, Thomas seems to be saying that when he works with CBT he does not have to monitor himself as much as in other approaches such as person-centred and psychodynamic. He seems almost surprised about what he is saying, as he uses the expression "in an odd way". Up to this point in the interview, Thomas was saying how anxious he always felt when practising CBT, particularly at the beginning, as he experienced some performance anxiety (outlined in 3C). This shows the importance of the possible effects of CBT upon, or of CBT's interaction with, identity over time, with Thomas's sense of identity changing over time as his experience increased. It is paradoxical and surprising that here he says that the structure that normally gives him anxiety, at the same time gives him freedom to be himself. Thomas introduces the comparison between the approaches spontaneously in the interview. With CBT he is more focussed on what he does and he can be more spontaneous, while when adopting a person-centred orientation he feels more careful about being spontaneous. Thomas seems to be implying that when the self is required to think about itself, as in a person-centred framework which does theorise how the self should be in the room with the client, it can become less authentic. Although

surely being thoughtful and self-reflective does not necessarily exclude being authentic, Thomas seems to be implying that it is actually hard to "monitor and watch how you are*"* and at the same time be free to be himself and spontaneous. He says that having the structure of CBT feels "liberating", and "to liberate" means to set free from something which can be oppressive or confining. Then he says that he feels "freer to be yourself than in a person-centred way" and this could confirm that perhaps for him, being self-reflective does constrain the freedom to be himself (authentic).

Paradoxically it seems that when the self does not think about its existence and concentrates on other things, it can actually *be* and so be more authentic. A possible interpretation for his perception could be that CBT does not theorise the experience of "being with the client" as much as other modality approaches. This might reveal something interesting about the impact of theoretical knowledge on experienced professional identity, particularly as theoretical knowledge was largely used by all the participants during the interviews. This might raise other important questions, such as whether theoretical knowledge might hinder practitioner spontaneity.

There could be another possible interpretation of Thomas's seeming paradox: in the second half of the quotation, he says that the focus on the techniques allowed him not to worry too much about how he was with the client (e.g. about making a joke), and this could represent his coping strategy against the anxiety of actually getting personally too involved with the client's painful material. This interpretation is made in light of the following theme (coping with interpersonal anxiety). However, it is important to say that Thomas did not openly mention anything about this aspect.

Sub-theme 2D: Coping with interpersonal anxiety

This theme was not clearly stated in an obvious way by participants, but needed to be extracted from the transcripts. Some interviewees said that CBT helps them not to get too involved with their clients' painful material. This could possibly be interpreted as CBT being perceived as a protection against the anxiety of getting too deeply involved with clients' emotions (interpersonal anxiety). Some professionals reported feeling a sense of relief when working with CBT as they are allowed, and are indeed expected, not to get too involved with clients. Dean illustrates this theme in the following passage:

> Interviewer: "*Do you feel that (CBT)…does it help to deal with your own emotions as well, as a way to cope with your own anxiety?"* (Paragraph: 268)
>
> Dean: "*Yes. That's what I'm saying. That CBT and believing that it's effective or helpful allows me to cope with the amount of stuff that's dumped on me because I feel as if I can do something about it. Even if it's only a limited amount, I can do something, rather than feeling helpless like you feel if you look at some war or something. What can I do? You know, you can say, I can go on a demonstration, but no-one's going to take any notice of that and so you feel helpless. Whereas here, CBT gives you something so you don't feel helpless. You can do something and you've got the opportunity to do something. And that makes it easier, at least for me, to take the emotional dump that clients do, yeah?"* (Paragraph 269)

Dean starts by emphasising how important it is for him to believe in what he offers to clients in order to cope with the strong emotions that they offload on to him. The choice of the phrase "dumped on" is interesting: even though it literally means "offload", it gives an image of rubbish being dumped in a bin. This image gives some sense of how overwhelmed and frightened he might feel when clients have a great amount of emotional material to release (as it has been pointed out in theme

2A). It can also represent the passivity and helplessness he describes in the next sentence. Like a rubbish bin he is powerless. He compares his powerless feelings towards the clients' material to the feelings people can have when they cannot do anything to stop a war. He seems to be comparing the strength of client's emotional material to the strength of a war. Perhaps he is using this exaggerated metaphor about the power of clients' material in order to emphasise how weak and powerless he feels in front of them. On the other hand, he counterbalances this uncomfortable feeling with the belief that he can do something to rescue the clients by using CBT: "CBT gives you something so you don't feel helpless." It seems that he considers CBT as something more for himself than for the client. As mentioned earlier, he seems to be terrified by clients' material and perhaps also by the idea of failing to help his clients. CBT seems to represent his coping strategy, allowing him to rescue the clients and consequently to rescue himself, from unbearable emotions and from failure. He appears to put himself in the "hero" position and CBT in the "antidote" position. He arguably needs CBT in order not to be completely burdened with emotions and also not to lose his self-esteem and sense of self-efficacy ("that makes it easier, at least for me, to take the emotional dump that clients do"). Theme 2A already highlighted how Dean and other practitioners have an increased sense of self-efficacy when CBT is experienced as working, and a decreased sense of self-efficacy when CBT is experienced as not working. Of course it can be argued that this might not be especially intrinsic to CBT, as similar dynamics could be observable when considering any other modality, but, for Dean, this seems to happen specifically with CBT. He mentioned elsewhere in the interview that he does not believe in the effectiveness of other approaches as they do not have the same evidence base as CBT. Dean says: "CBT and believing that it's effective or helpful allows me to cope", which seems to be emphasising that believing in CBT is what helps him.

Moreover, it seems that what makes CBT helpful is its "do" quality: he repeats "I can do something" four times, and perhaps this could indicate the importance of this feature of CBT for him.

Jeffrey also offers an interesting extract on this theme:

> *"CBT people don't seem to think it's important to go into the depth of the therapist. Umm and so I feel as if...if I do the requisite things that they ask me to do, none of them seem to be impossible, hard to understand so...And usually it's a more short-term engagement and so I don't really need to get deeply involved with the client. I just have to do the correct things, follow the manual, so to speak".* (Paragraph 190–194)

Here Jeffrey seems to be unloading all the responsibilities of what he does in therapy with clients on to the "CBT people", and this seems to give him a justification for not getting too deeply involved with clients' material. He claims to be a relational therapist elsewhere in the interview, therefore his diligence at following "the manual" and not paying attention to the real encounter gives room to infer that he might be naturally anxious with client's emotional material, and that he might now use CBT theory as a way of coping with his anxiety.

4.2.3 Superordinate theme 3: How CBT compromises the "professional self"

This final superordinate theme also relates to the effects of CBT on participants' professional identity. It addresses what professionals seem to experience as elements of CBT that compromise their professional self.

Sub-theme 3A: Limitations of CBT as a therapeutic approach and its impact on self

The present theme illustrates that, even though CBT can enhance practitioners' sense of professional identity, it by no means constitutes the totality of most participants' identity. Some practitioners consider CBT as a useful approach but they often feel

the need to integrate other therapeutic approaches, particularly with complex presenting problems. It is unclear whether this relates to the integrative nature of counselling psychology training or to what some would call the limitations of CBT. It could also relate to one of the subordinate themes (3C) that will follow, "anxiety of performance", which is often associated with CBT, due to systemic and societal pressure, and also the nature of the model itself. This could inculcate in professionals an experienced need to switch to other approaches when their fear of failure is activated. Furthermore, for some, the limitations of CBT have an impact on the self and they also experience a sense of personal constraint and limitation when required to work only within a CBT framework. Lisa illustrates this important aspect as follows:

> *"Umm but I'm seeing it much less now as a loss and much more as a…you know, just another evolvement of how...how I've learnt to work. I do...I miss my old way of working, definitely, and I... I don't know though. If I go back...for example, if I decide I'm going to go back to (*country of origin*) and work in that same context again, it might be that I'll be able to do that again. / But for now it feels like it's really taken a lot away from me. But particularly in that more creative, you know, just catching on with things and just grasping, umm, the essence of things. / Now much more I'm going, like, what does the textbook say about this? Which takes you away from that sort of wisdom, I think".* (Paragraphs 192–194)

Lisa's context was previously presented in above themes, however, it is important to remember that she is from overseas, and now works in an IAPT service in the NHS, and she is therefore required to work with standardised CBT protocols. Just before this extract, our discussion was around the impact of the IAPT training on her professional self, and the above passage is where the discussion had lead us to. She starts by using temporal referents, comparing how she feels now with how she felt a while ago. Working with IAPT, CBT is experienced as less of a loss now and more

as an evolution in working knowledge. She then appears to contradict herself by saying that actually she does miss her old way of working. This feeling escalates into a deeper one as, at the end of the passage, she refers to qualities of herself (and not only related to her way of working) that she feels have been taken away from her (so she has lost them) since working with this modality.

There are two observations to make here. Firstly, the effect of CBT on her identity seems to change over time, as both her experience and cultural context change. Secondly, there is a sense that Lisa is experiencing a psychological battle between her sense of identity and the identity her working context requires her to have. She makes two contextual (systemic and societal) referents in the passage: firstly, she wonders whether going back to her country of origin (also the country where she trained) would allow her to be herself again. This demonstrates her attribution of the cause of her "loss of identity" to the context she is in, therefore confirming the psychological struggle mentioned above. Moreover, in the second part of the passage, she says that a lot has been taken away from her, particularly the more creative and intuitive part of herself. There is a sense of sadness, anger and resentment in this sentence. The sadness seems to be around her sense of loss of important parts of her identity, and the anger and resentment seem to be directed towards an external entity ("the system") that stole these parts from her. There seems to be a sense of being forced to be someone she is not: the system is asking her to use less of herself and become more like a robot (rely on textbooks), and she therefore feels that her wisdom has been stolen.

Lisa also seems to be experiencing CBT as constrictive and limiting, as it does not allow her to be wise. Perhaps the use of standardised protocols contributed to this experience. The psychological battle between her identity and the system's requirements (including CBT as a model) is also illustrated by her doubtful attitude,

indicated by the many pauses and the repetition of "I" in her speech in the first half of the above passage. This tension between practitioners and contextual pressures arose above with Thomas (theme 1C) and in another theme that will be outlined below (3C).

Paul also offers an example of this tension between personal identity and the system's requirements and of the limitations of CBT:

> Interviewer: "*So would you say that CBT does enhance or diminish your sense of professional identity, or is it neutral?"* (Paragraph 161)
>
> Paul*: "I would say it enhances my sense of professional identity for other people. I would say it diminishes it for myself because it's actually ... one of the criticisms about CBT, and it's the criticism of anything that then starts to get a codified set of rules around it like football, for instance, is it constrains it, and that really upsets me because I'm all about growth, not constraint".* (Paragraph 162)

In this passage Paul also refers to the difference between how he experiences himself when practising CBT and how others experience him. He also talks about CBT being constrained by roles, and associates it metaphorically with football rules. There seems to be a conflict between what he believes as his value (the importance of growth) and what he experiences CBT values to be. He experiences CBT as constraining, therefore limited. The impact of personal beliefs on professional identity has been identified in theme 1A.

Sub-theme 3B: Compromises practitioners' therapeutic presence

Some participants felt that often they are not fully in the room with clients when using CBT. This experience might seem to contradict theme 2C, where practitioners express feeling more authentic with CBT. However, there might be an association between this present theme and the themes around performance anxiety (3C) and interpersonal anxiety (2D). There is a possibility that participants are worried about

"doing the right thing" for the system and therefore cannot be fully present for the client. Another possibility could be that (as mentioned above) some professionals feel a sense of relief when working with CBT as they are allowed, and indeed expected, not to get too involved with clients, and this could reduce their therapeutic presence. Thomas says:

> *"....It does to me feel less focussed on the client, maybe because of my anxiety about doing it right. But you're focussing on what you're doing. It's like you've got shared tasks together. So you're both focussing on doing the shared task. Whereas in person-centred you're focussing on the person, which felt a bit more intense".* (Paragraph 114)

This extract is interesting as here, Thomas says that he feels less focussed on the client when he works with CBT, whilst in theme 2C (freedom to be authentic), he says that he feels he can be more himself when using CBT. Authenticity and therapeutic presence seem to be interconnected, but perhaps they do not necessarily co-exist, as other factors can interfere between the two. Thomas seems to identify two factors: "anxiety of doing it right", and "you're both focussing on doing the shared task". The former seems to refer once again to the systemic pressure to produce results (see theme 3C), which leads to performance anxiety in him. There seems to be a need to justify himself for his lack of presence. He firstly attributes his difficulty in focussing on the client to his performance anxiety, then to the nature of CBT (the focus on tasks). Theme 2D identified the tendency of practitioners to use CBT as a way of coping with interpersonal anxiety, arising from intense emotional material in the session. Therefore, Thomas's justifications for his lack of presence in the room could be interpreted in the same way: he could use CBT as an excuse for his anxiety about being with clients' emotional material. This interpretation makes sense in the context of the final sentence of this passage, where he compares CBT to the person-centred approach and says that in person-centred the focus is on the

person and it feels more intense. In the theme on authenticity (2C) Thomas says that it is a relief for him not to be focussing on how he is with the client all the time, and this allows him to be more authentic. This theme also suggested that it seems that when the self does not think about its existence and concentrates on other things, it can actually *be*, and so be more authentic. This opens up the question of whether the lack of presence Thomas experiences is actually the raw experience of being with the client without a theoretical conceptualisation of this being (in the moment of being). The focus on the task could free him up from theorising about the person of himself and of the client, and therefore allow him to be. However, because the human being is rational, when an experience is not rationalised, it could perhaps be experienced as non-existent by the person. The experience of lacking presence in the room with clients could represent this not-rationalised experience.

Sub-theme 3C: Systemic and societal pressure as generating performance anxiety

As anticipated above, some participants experience a sense of pressure from the system to work with CBT and to produce good CBT work. This pressure can also generate anxiety of performance in some of them. The systemic and societal pressure is showed by Shaun in the following extract:

> *"And this is a bit like CBT because that guy that said to me, well you're a psychologist, you should be trained in CBT and diagnosing people. I don't know what your problem is, he said on the phone. And it's exactly that where I then said, no if I do this I actually will compromise what I believe in. So I had to say 'no'. And this is sometimes how CBT influences my professional identity. It does put me in a...in an arena where I do something because it's expected of me…of me, umm and sometimes I do it instead of going with what I believe in more and saying, yes we can do this but…or we can do this CBT intervention, but I think we have to also think about X, Y, Z".* (Paragraph 221)

Here Shaun answered the final question where I asked whether he had any further thoughts about how working with CBT impacted upon how he experienced himself as a counselling psychologist. He introduced an example to demonstrate how CBT at times puts him at risk of compromising his own values and ethical beliefs. He was recently approached by a research company looking for psychologists who could do screening via psychiatric assessments based on the DSM, for drugs trials, offering an attractive fee for doing so. Shaun was tempted by this offer but then refused, and this passage is how he explained his rationale for refusing it.

In the initial part of the passage Shaun identifies the societal expectations based on professional labels: in society there is still a stereotype of the psychologist being like a psychiatrist and therefore being expected to perform psychiatric assessments and diagnosis; and CBT also seems to be included within the "psychiatric business". The men who talked to him implied that there is a problem with Shaun if he does not perform these tasks. This shows how society does not consider the different branches of psychology and therefore does still see all psychology as medical model based. In this circumstance Shaun did not accept the offer, because if he had, he would have gone against his beliefs. When he explains how he came to say "no", he seems to be very assertive and secure about the place where he stands, but, in the next sentence, some sense of insecurity appears. Firstly, he says that this example was to show what often happens with CBT: CBT puts him in a place where he does more of what is expected of him, and less of what he believes in. It is interesting that he begins by saying that it is society that pressures him to do psychiatric duties, including CBT, and now he seems to be locating the responsibility of the societal pressure on CBT. CBT almost seems to assume volitional human qualities here (i.e. someone who forces him to do something he does not want to do), and he seems to be putting

himself in a passive position of having almost to "perform" a script when he is working.

Thomas also talks about societal pressure, but more implicitly. Mainly, he openly highlights the anxiety of performance provoked by the expectation (presumably from the system) from him of producing good work:

> *"Having done person-centred stuff which was something you could sort of grow with, to me CBT felt like something that you could sort of get it right or wrong and you have to do this in a certain way or you're not doing it right, umm, and that felt quite anxiety provoking, actually, coz I didn't feel that sort of sure about it".* (Paragraph 101)

In the same way as above, he compares CBT to person-centred modality: whilst person-centred is positioned as a "friend" to grow with, CBT seems to be placed in the "judgemental enemy" position. He feels that there is an expectation upon him of performing well and he therefore feels anxious about it. Again, resembling Shaun, Thomas seems to attribute human qualities to CBT when, presumably, he is more referring to an external pressure on him from society. Moreover, in the final sentence he shows that this anxiety of performance is also related to his own insecurities about his knowledge of the approach ("I didn't feel that sort of sure about it").

Sub-theme 3D: Reduces authenticity

Some practitioners can also feel less free to be authentic when practising CBT. This theme sounds contradictory to the theme around participants feeling more authentic when practising CBT (see Theme 2C). It is difficult to speculate about what this seeming contradiction could be about, but perhaps, a possible explanation could be that the above-mentioned societal pressure could lead some practitioners to feel that they cannot be themselves. However, it is also important to consider that, in a postmodern sense, it is possible that some reasons for feeling more authentic and

some for feeling less authentic can co-exist, both operating at the same time. The following extract from Jeffrey can help to shed light on making sense of this theme:

> *"There are two attitudes that are very common in…in...in the therapy field – the instrumental and the authentic…The instrumental wants to get results. It's about aims and goals and achievements and cure and stuff like that. An authentic approach is more about meeting the person in the room...So when I'm doing CBT, I'm actually kind of switching off the...the...the, umm, authentic side. I'm not trying to be authentic with a CBT client, I'm trying to be a good instrument".* (Paragraph 138–142).

Jeffrey begins the passage by using theoretical language to talk about an experience. He seems to be lecturing about a specific theory and then, in the second half of the extract, he relates the theory to his experience. As mentioned previously, theoretical knowledge seems to be almost embedded in practitioners' professional identity. Jeffrey divides attitudes that therapists can have into two groups: the instrumental (more pragmatic and goal focused) and the authentic (more relationship oriented). He then associates himself with the authentic attitude, and essentially says that in order to use CBT, he has to split off this authentic part and just utilise his instrumental part.

There are several important issues to note in this brief extract, which also relate to issues that have already arisen in previous themes. Theme 2B highlighted the importance of the match between CBT and practitioners' personal characteristics and identity (e.g. Philippa feels comfortable and authentic with CBT as it matches the directive and masculine part of her self). Perhaps Jeffrey, despite the fact that he is a man, has a less developed directive and pragmatic part of self and therefore does not feel as authentic when using CBT. Moreover, his training background could also be influencing his idea of CBT and the assumptions around it (see theme 1B). Jeffrey trained through the independent route and has always been mainly working with humanistic approaches; he only approached the theory and practice of CBT about a

year ago. Perhaps what Jeffrey is trying to convey is that CBT does not match his natural way of being, and therefore he can still practise it but with the price of sacrificing his authenticity. And it seems that the only way he can do this is by suppressing this other part of himself ("when I'm doing CBT, I'm actually kind of switching off the...authentic side"). He seems to be unable to integrate his way of being when using CBT with the other parts of self, and he seems to be aware and accepting of this ("I'm not trying to be authentic with a CBT client, I'm trying to be a good instrument."). This important observation once again raises the question of whether there are many different professional and personal selves in one person or one core self (theme 1D). Jeffrey seems to be saying that there is one core self, but it can adapt to different ways of being by splitting itself off when it is needed, or by accepting to "back off", even at the expense of authenticity.

Shaun very clearly makes the same point as Jeffrey does:

> "*…at times I experience myself as a con man…a con man is someone who sells you something which isn't quite what it is…a quack, English people call it as well. A sort of a bad medicine man, yeah, who sells you a quick fix. And that's exactly how I often feel when I work with CBT. I feel I'm selling a quick fix".* (Paragraphs 195; 197)

The con man metaphor is very effective in symbolising how he experiences himself as not authentic when using CBT. Perhaps, similarly to Jeffrey, Shaun's way of being does not match with what CBT elicits in him.

4.3 Summary

Feeling comfortable with CBT appears to be related to practitioners' initial training, personal experience, cultural background, personal characteristics and personal beliefs (i.e. the professional self emerging from the personal self). It seems very conceivable that there is no one unitary identity but many possible selves (or parts of

self) which are flexible, and can adapt to CBT by drawing upon or using the parts of self that match with it, such as the pragmatic, masculine, or logical self. Furthermore, the effect of CBT on identity seems to change for some practitioners over time, as experience increases.

Working with CBT can enhance practitioners' sense of professional identity, but it by no means constitutes the totality of that identity, and an integrative therapeutic approach is usually needed, particularly with complex presenting problems. This could relate to a performance anxiety which is often associated with CBT, due to the systemic and societal pressure and the nature of the approach itself. This in turn could inculcate in professionals an experienced need to switch to other approaches when their fear of failure is activated. Moreover, some practitioners interviewed experienced their sense of self-efficacy increasing when CBT was experienced as "working", and reduced when CBT was experienced as "not working".

Performance anxiety ("doing things right") is common with CBT, and this could possibly be triggered by external pressure (coming from the system and society), and also by a sense of being compared unfavourably with clinical psychologists, which might trigger a sense of competitiveness. Many of the participants certainly mentioned clinical psychology as an issue relevant to their professional identity.

Interestingly, besides generating performance anxiety, CBT is also perceived as a protection against the anxiety of getting too deeply involved with clients' emotions (interpersonal anxiety). Thus, some professionals expressed a felt sense of relief when working with CBT as they are "allowed", and indeed expected, not to get too involved with clients. Related to this seems to be the lack of "being present" that some professionals said they felt. They feel that they are not fully in the room with clients because they are too worried about "doing the right things". Consequently,

they can often perceive CBT to be mechanical and automatic, and themselves as inauthentic.

Paradoxically, other participants interviewed expressed how they can feel freer to be authentically themselves when using CBT. The reason for this is that they do not have to monitor themselves as much as in other approaches such as in person-centred and psychodynamic modalities, because CBT doesn't theorise the experience of "being with the client" as much as these other approaches. The impact of theories (and therefore knowledge) is another issue which repeatedly occurred amongst the participants, all of whom used a great deal of theoretical language during the interviews, sometimes also mentioning prominent authorities and theoretical concepts. Male participants used this kind of language more frequently, whilst female participants used a more emotional discourse and more reference to personal experience.

Theoretical knowledge was used by some interviewees to describe their professional identity as counselling psychologists, and they mostly invoked concepts that are considered to be the philosophical underpinning of the profession, using terms such as intersubjectivity, subjectivity, relational, phenomenology, growth, and so on. Others, by contrast, did not identify themselves with these concepts. The latter was an interesting point raised in the analysis, but could not be classified as theme as it did not reach the minimum amount of quotations required.

CHAPTER V: DISCUSSION

5.1 Introduction

This chapter aims to place the findings of the present study into a wider context. The purpose is to make links between these findings and some of the relevant extant literature in a reciprocally exchanging dialogue in which they will illuminate each other. Some of the literature discussed in this chapter has already been highlighted in Chapter II, whilst other material is introduced for the first time. Consistent with qualitative approaches, the new literature has been selected as a result of the findings that emerged from the interviews and the analysis. As Smith, Flowers and Larkin (2009) have discussed, it is in the nature of interpretative phenomenological analysis (IPA) to take the researcher, and therefore the reader, into unexpected territory. It should be noted that the literature has been selected by relevance and it does not claim to be exhaustive.

For clarity, the structure of the discussion will be presented in sections that are denoted by the key questions that emerged from the qualitative analysis, the purpose of which is to begin deconstructing some assumptions in the literature and open up some new lines of inquiry. The interrelation between findings and literature will be organised around each section and discussed in logical order.

5.2 Is there "a" philosophical underpinning of the profession of counselling psychology?

In the second chapter of the present study, Athanasiades (2008) is cited as claiming that the development of an identity as a practitioner is a result of the integration of different influences upon identity, specifically training experience, personal life and work experience. This claim can be further informed by one of the findings of this

project, where many interviewees considered that their training, personal and professional identity were all interconnected and needing to fit with one another.

Training seems to become so embedded in practitioners' professional identity to the point that it becomes difficult for them to distinguish what values and beliefs belong to them and what derives from their training. An indication of this is the difficulty most of the participants in the present project experienced in talking about their identity at the felt sense level without being affected by intellectual discourses learnt from the training. This finding can inform and be informed by Bruss and Kopalas' (1993) exploration of the impact of training on professional identity from a developmental perspective. They proposed that graduate training in psychology may be viewed in terms of a professional infancy, such that transformations students go through may be seen to parallel several developmental objectives in the first year of life as outlined by Winnicott (1965). The training institution may be seen as a "good enough" holding environment in which the faculty and training staff are expected to nurture and promote growth, in a role similar to that of parents, and failure to adapt to students' needs may hinder their healthy development (Bruss & Kopala, 1993). Therefore, as with childhood early life experiences, it becomes apparent how these participants now have enmeshed values and beliefs derived from their training and from other sources. As the participants in this project reported, counselling psychology training institutions emphasise different values and therefore counselling psychologists who train in different institutions can develop as very diverse professionals.

The participants in the present study expressed the view that their personal lives, their beliefs and natural characteristics do have a strong impact on the way they are as professionals. Gilbert and Leahy (2007) have suggested that the practitioner's

attitude within the therapeutic relationship is profoundly embedded in what they believe about the nature of the world, about human psychologies, about the causes of human suffering and about what is necessary to bring relief to that suffering. Similarly, Van-Zandt (1990) has described how the professional identity of a therapist is extremely complex since it is inextricably united to the personal identity of the individual.

In terms of how the work environment can influence professional identity, interviewees in the present study revealed how their beliefs and values occasionally do not match with the dominant ones in their work environment, where issues of professional comparison can arise. For instance, they mentioned that they often experience the title of "counselling psychologist" as one that is devalued by the system, as people within and without it do not understand what this profession does, often including themselves. Counselling psychologists then find themselves making comparisons with other similar professions, such as clinical psychology. Clinical psychology did emerge as a key issue relevant to professional identity in the present study, with practitioners describing how they still feel some resentment about the way they perceive clinical psychologists to be treated more favourably by the system, despite the two professions often doing similar jobs, particularly within the National Health Service (NHS). Although Milton (2010) has claimed that counselling psychology has moved beyond its initial discourse, which was focused on understanding its relationship with other professions, this finding seems to show something different. It would seem, in fact, that individual professionals are still struggling with this issue of differentiation from other professions. As mentioned in Chapter II, research conducted in the USA (Goldschmitt, Tipton & Wiggins 1981), which investigated the professional role definition of counselling psychologists in terms of self-reported activities and interests, found some commonalities but also

many differences amongst those sampled, and many counselling psychologists identified themselves as clinical psychologists, whilst others defined themselves as counselling psychologists. To date there has not been any kind of consensus on this issue.

These aspects that emerged from the interviews (i.e. training, personal life and characteristics, and work environment) might contribute to the sense of confusion in identity that these interviewees, and counselling psychology as a profession, seem to experience. Perhaps a key issue is the implicit or explicit requirement to conform to a professional template that is strictly embedded in the societal system. This leads one to question whether it does make sense, and whether it is even possible, to talk about a single professional identity underpinning the profession of counselling psychology when there are so many different factors that influence individuals' professional identities. The profession is made up of an aggregation of individual people, and if they have such diverse identities, how can the profession have one core identity? The aim of this study is not to find an answer to this question but to open up complex issues and shed light on the broader context. Certainly, these findings and their linking to the current literature can contribute to some of the initial purposes of this study, which were the investigation of the impact of the theoretical underpinning of the profession on counselling psychologists' professional identity; exploring the influences of factors such as initial training and clinical experience in the forging and maintenance of counselling psychologists' professional identity; and exploring how the traditional relational and humanistic therapeutic stance typically adopted by the counselling psychology field contributes to this professional identity.

5.3 Is there a "nature" of identity?

The issue raised above about the possibility of talking about a single professional underpinning of the profession of counselling psychology, when the single individual practitioners within the profession have diverse identities, can be deepened by looking at another theme that arose from the interviews: the possible existence of different selves rather than one core self. This theme goes a layer deeper than the previous one, and not only questions the existence of a core identity of the profession, but also of the individuals, who we have already seen are affected in their experienced identity by many different factors. The question opened up here can take a postmodern turn in deeply wondering what the nature of identity is, and whether there is actually such a meaningful phenomenon as "identity" at all.

Some participants in this project conceived that there is no one unitary identity but many possible selves (or parts of self) which are flexible and adaptable to new situations and new challenges. This theme seems to support the postmodern point of view regarding the issue of identity discussed in Chapter II. The continued debate, and crucial question, is whether there is such a thing as identity and what the nature of it might be. The postmodern view holds that both being and object do not exist by themselves (Hall, 2010), but amongst the totality of things. Moreover, this view asserts that identity is a major error of modernity as there is no single way of knowing oneself or identifying with one's culture (Bleakley, 1989). On this kind of view, the fundamental belief in one truth has only the function of reducing anxiety.

5.4 What is the relationship between CBT, authenticity and masculinity? Is there a myth of masculinity?

This and the following paragraph aim to explore the other initial purpose of this project: the impact of working with CBT on how practitioners perceive and

experience their professional identity. This in turn informs the exploration of the main research question of the project: "How, if at all, does the inclusion of CBT in counselling psychologists' clinical practice influence their experience of professional identity?".

CBT is described across the interviews as a focused, directive and goal-oriented approach, and one aspect that also arose from the interviews is that those practitioners, both male and female, who are naturally directive, logical, masculine, goal-oriented and pragmatic, seem to feel comfortable working with CBT and to find it easier than some of the other therapies. It is noteworthy that six of the eight participants in the present study were men.

On the matter of masculinity, Rowan's (1993) contributions provide room for some helpful reflection. He discusses the existence of a cultural unconscious, which, he maintains, is something shared by everybody in every developed country in the world. This concept has also been called "patriarchy", which is the traditional hierarchical arrangement of society dominated by men. It can be understood as an internalised form of cultural oppression based upon the domination of the weaker by the stronger. Rowan illustrates this by calling a certain social phenomenon the "Patripsych": the internal hierarchy which matches the external hierarchy: "by this we mean all the attitudes, ideas, and feelings, usually compulsive and unconscious, that develop in relation to authority and control" (ibid., p.60). Because men and women are brought up differently and with different life expectations, men tend to internalise mastery, competitiveness and control, and if this position is threatened, they will try to restore the hierarchical order. Women, conversely, tend to internalise dependency and co-operation, and even when they consciously reject the latter, this can often be a reactive move, and cultural-unconscious dynamics will still arguably

affect them. Therefore women have many practical obstacles to reaching positions of real (male-defined) power in society (ibid.).

Although society is increasingly changing and in some ways the previous inequalities between the genders are no longer as marked, the basis for Rowan's argument can be found in the general understanding of the relationship between culture and personality. According to Geertz (1973), the representational systems delimiting the meanings through which each person understands themselves and others are all located in their culture and through their historical roots; therefore, because significant changes are taking place in culture, changes in self-understanding are also occurring. An example of this phenomenon is the effect of feminism on the self-concept of women. As the values that previously discouraged women from entering and competing in the socioeconomic domains dominated by man have changed, women have become more assertive, independent and self-confident. Until the rise of feminism, women did not have equal access to traditional male kinds of power, so when they started becoming more powerful, they integrated this power with vulnerability, which, paradoxically, can sound like the polar opposite of power.

Rowan (1993) calls this integration of power and vulnerability "empowerment", which is different from the traditional power position, involving identification with patriarchal power. According to Rowan, men and women could develop different types of selves. Women tend to be seen as life-givers and healers, therefore the psychotherapy profession can commonly be seen as more an area within their expertise. Historically, psychology, particularly clinical psychology, was viewed as a medical or scientific discipline, and therefore as prestigious to men. However, it has gradually evolved in the public view as a social science and helping profession which is seen as more suitable for women, and therefore less attractive to men. Thus, there

are men who have been in the profession a long time and are therefore in senior roles, whereas women have predominantly joined the profession more recently and thus often hold more junior positions (ibid.). Moreover, in the past there were very few working women, let alone in professional roles. As women have moved into the workplace their distribution has been uneven. In some ways psychology is a field in which they have been able to establish themselves increasingly to the point of now being dominant. For instance, clinical psychology doctoral training courses are recruiting an average of 15% males, reflecting the proportion of applicants of each gender. Worldwide, over 75% of psychology students are female (Miriam, 2009). Other data reported by the Health Profession Council (HPC) regarding the number of male and female practitioner psychologists suggest that, as of 1 August 2011, there were over twelve thousand female and around four thousand male practitioner psychologists registered with HPC (C. Bendall, personal communication, 15 August 2011). There are over 46 thousand members of the British Psychological Society (BPS), of which 25% are male (S. Eppel, personal communication, 12 August 2011). Morover, within the BPS division of Counselling Psychology there are almost three thousand members, of which 22% are male, and 78% female (ibid.).

This observation can be reflected back to the present study, where six of eight participants are male counselling psychologists practising CBT. Statistics on the proportion of male and female counselling psychologists practising CBT could not be obtained; however, given the finding of a "masculine" quality to CBT that has emerged in the present study, and the need to recruit a sample that use CBT within their practice, this sample could conceivably be fairly representative of the gender mix of counselling psychologists who work with CBT, whilst it is not representative of the gender mix of psychologists and counselling psychologists overall.

All participants, including the females, felt that when they practise CBT their masculine, logical, pragmatic and directive part of the self is prevalent. Perhaps, the most popular image of masculinity in the Western literature is that of the man as hero and the competitor, and it is associated with the internalisation of bourgeois ideology (Brittan, 1989). Patriarchy and capitalism can be argued to be related, and men became competitive in a mode of production which demands efficiency and achievement (ibid.). These demands for efficiency and achievement seem to be what the NHS today is still demanding, and it is expecting practitioners to achieve results with the application of CBT (Mollon, 2009; House & Loewenthal, 2008a).

Within this context, therefore, CBT can be seen as an instrument of power and so a sort of symbol of masculinity, and perhaps all other things being equal, male therapists are more attracted to it, and the female therapists who feel comfortable with it can feel empowered; for, as mentioned above, they can combine their more vulnerable/feminine side (which is embedded in any form of healing profession) with their need of power (the masculine attribution given to CBT) after traditional patriarchal society. This can emphasise the problematic nature of gender identity and perhaps inform the "reality construction model" indicated by Brittan (1989, p36). He argues that gender identity is not fixed but is context specific and so is what one claims to be at a particular moment. Although the specific sexual organs and the learnt behaviour associated with the socially expected gender role may lead people to take their gender for granted, in reality every social situation is an occasion for the redefinition of gender (ibid.). Therefore, it can be possible that CBT is an approach that it is particularly apt to being associated with masculinity, due to its solution-focused and pragmatic nature, as it does fit with the socially constructed definition of masculinity.

However, the social construction of gender seems to represent only a partial account of the experience of these participants. The participant Philippa in Chapter III is a good example of what is missing from this account. She feels very comfortable working with CBT as, when she uses CBT, her masculine part emerges. She continues to explain that there is a prominent masculine part in her besides the practice of CBT, which is very much related to her past and the way she was brought up as part of a military family. Part of Philippa's experience could be explained by appraisal theorists. Roseman (1991), for instance, claims that emotions are the consequence of evaluations and appraisals of the personal significance of events and objects and their impact on well-being. The appraisal is considered a distinctive stage in an information-processing sequence, which concludes in an emotional response (Parkinsons, 1997).

All of this could be applied to Philippa: the lived experience of working with CBT generates comfortable feelings and positive emotions in her as she attaches personal significance to it. She connects this present experience with the past. However, as Eatough and Smith (2006) point out, appraisal theories do not have strong empirical evidence (ibid.) and they are too reductive, as emotions do function in a more complex way than in a causal sequence. Discursive psychology has found the limitation of these theories in the lack of social and discursive aspects of people's accounts (Harré, 1981). Perhaps a more balanced perspective is the one taken by Parkinson and Manstead (1992), which is the view that emotional experience is a consequence of social interactions, of what happens in our body and our environment, and of processes of cognitive evaluation. This perspective seems to be the closest to the epistemological and theoretical perspective of the present project.

5.5 What is the relationship between CBT and authenticity?

One finding that emerged from this research was how interviewees felt freer to be themselves, or authentic, when working with CBT, although this does challenge some assumptions made in the existing literature. If some interviewees of this project feel freer to be authentic when practising CBT, this might mean that CBT actually matches with some practitioners' values and allows them to be themselves. Moreover, what emerged also went a step further: they feel freer to be authentic more in CBT than in other approaches, such as within a person-centred framework, because they do not feel compelled to monitor themselves as much as in other approaches.

It is interesting to note the paradox. Other approaches conceptualise authenticity, and require that it is monitored. For instance, the person-centred approach theorises how the self should be in the room with the client. As Lietaer (1993) points out, after 1951 Rogers always attributed enormous importance to the therapist's authenticity, and in 1957 he explicitly defined it (i.e. genuineness or congruence) as a third core condition of the therapeutic relationship, together with empathy and unconditional positive regard (Rogers, 1957). From 1962, Rogers even begins defining it as the most fundamental of the three core conditions (e.g. Rogers, 1962). He then claims that when these core conditions are met, and when the therapist is himself or herself in the relationship (putting up no professional front or personal façade), the greater is the likelihood that the client will change and grow in a constructive manner (Rogers, 1966). This entails that the therapist is openly being the feelings and attitudes that are present within the moment. Thus, there is a close matching, or congruence, between what is being experienced at the instinctual level, what is present in awareness, and

what is expressed to the client. Rogers also emphasises respect for each therapist's personal style (ibid.)

CBT does not theorise authenticity as such, and yet practitioners feel they can be more authentic within it. With CBT they are more focused on tasks, and they can be more spontaneous. Therefore, Mearns and Cooper's (2005) concern about therapists relying on techniques can be now questioned. Mearns and Cooper claim that with techniques, the relationship would not be immediate and spontaneous but mediated by actions and plans. Even though counselling psychologists do use techniques in CBT practice, it seems that they are still able to remain authentic and, therefore, still maintain one of the active ingredients of the therapeutic encounter (Gillon, 2007). In fact, as mentioned in Chapter II, research has shown that the link between therapeutic outcome and the therapeutic relationship was as strong for clients who undertook CBT as it was for clients who undertook more relational types of therapy (Krupnick et al., 1996). Consequently, it is possible to see that it is not uncommon for CBT therapists to consider the importance of the therapeutic relationship, but what is often not provided is a model of how to make the therapeutic relationship a more powerful tool. Perhaps this is what is crucial for this finding: paradoxically it seems that when the self does not rationally think about its existence (e.g. about how to be authentic) and about the relationship, and concentrates instead on other things, it can actually be and feel more authentic. This leads to the next important question about the relationship between knowledge and experience, which will be outlined in the paragraph below. In this context, knowledge is the theoretical conceptualisation of authenticity, and the therapeutic relationship, and experience is the actual lived experience of it.

5.6 The relationship between knowledge and experience: How does the experience of being authentic relate to the theoretical construct of it? How accurate is the commonly accepted view that CBT is so different from humanistic approaches?

This and the following two sections aim to illuminate the final remaining purpose of this project: viz. exploring any effects that the inclusion of CBT in counselling psychologists' practice might have on their experience of professional identity, with the theory and practice of CBT being rooted in an assumptive worldview that is commonly argued to not necessarily sit easily with the relational and humanistic traditions of counselling psychology. This in turn informs the exploration of the main research question.

As Deurzen and Kenward (2005, p96) have proposed, any description of a phenomenon depends on the subject's lived experience: the "living precedes the knowing… we have experiential relationships with the world before we objectify our experience". For Heidegger (1962), Dasein is an entity of Being which questions Being. Humans are aware of existing, and ask themselves what it is to exist. Perhaps this question about what it is to exist generates conscious knowledge that then, in fact, ends up hindering actual being. This seems to be related to the concept of tacit knowledge, which is concerned with the idea that we know more than what we are able to say (Polanyi, 1966). According to Polanyi, tacit knowledge is contrasted with explicit or propositional knowledge, and collects all those things that we know how to do but perhaps do not know how to explain (at least symbolically). Polanyi's point is that we recognise the importance of this second, embodied (and hence "personal") sort of knowledge, which is an experience that can be seen as a way of knowing, different from the over-concentration on the already known (such as theory) where meaning becomes lost in the need to understand. It is a type of knowledge that is not

captured by language or mathematics. Because of this intangible quality, we can see it only by its action.

The point of the above discussion is that the authenticity experienced by participants in this project when they practise CBT could possibly be a form of tacit knowledge for them, whilst, in a person-centred approach it would possibly be in the form of explicit knowledge because it is theorised. Heaton (1999) suggests that becoming identified with a particular theoretical orientation is itself neurotic because of the need to constantly refer to the objects of theoretical knowing, which misleads us into thinking we know. Thus, self-deception occurs when we cannot allow spontaneity of thought. Heaton argues that self-deception cannot be known at the time, only afterwards, so once we give up the search for an answer to a problem we are freed up. On this topic, the contribution of Atkinson and Claxton (2000) is important. These authors explored the role of intuition in professional practice, and the relationship between the rational and the intuitive. Furthermore, Felman (1987) defines as therapeutic knowing the object of psychotherapy teaching, suggesting that this is different from psychotherapy as a subject, as it is less concerned with a body of knowledge and more concerned with the embodiment of knowing which permits the unknown, so paradoxically it cannot be taught.

At present, the dominant discourse in the current climate of state regulation (i.e. through the Health Professions Council) emphasises the need to validate psychotherapy knowledge and practice through provable outcome criteria, or the known objects of learning (King & Moutsou, 2010). This is in part why a behavioural approach to learning, which fits well into a modernist, positivistic paradigm, can also be seen to be gaining dominance. King and Moutsou (2010) express concerns about these outcome criteria as they are borrowed from medical

and other scientific disciplines, and they could hinder rather than promote the development of psychotherapy. Thus, a tension can be seen between two discourses which appear to subvert each other – the known as the technical, or that which is demonstrable, such as the techniques in CBT, and the unknown, such as the experience of authenticity in CBT. The concept of directiveness is now discussed, which it is hoped will provide a way to illustrate this complex phenomenon.

The literature reports that one of the major challenges to the pluralistic practice of counselling psychology is the issue of directiveness in therapy. According to Cooper (2003), in a directive therapy like CBT, the therapist guides the client and the process towards goals, introduces his or her own topics, and uses techniques and theories that are openly communicated to the client. On the contrary, in putatively non-directive therapies like various humanistic approaches, the therapist communicates respect for the client's autonomy, striving not to impose any view on where the process should go (Levitt, 2005). However, as Grant (2002) has highlighted, sometimes even approaches traditionally considered more relational, and not based on techniques *per se*, can use non-directivity in such a way that it can become a technique if used in an inflexible and repetitive way to "do" something to the client. This is what Grant calls "instrumental non-directivity" (Mearns & Cooper, 2005, p118). McAteer (2010) has also conducted research in 2006 exploring the meaning of directiveness, specifically examining CBT and existential therapy. McAteer observed that direction and influence form an unavoidable part of the therapy process, regardless of the approach. Thus, therapists inevitably influence their clients with their individual style: even by not intervening, they are still making an intervention and transmitting certain views of the world. Ironically, the latter could itself be construed as an imposition on the client. It could be argued that directiveness is almost inevitable in psychotherapy in general, and that what changes are the different *kinds* of

directiveness, and their relative efficacy and appropriateness. Perhaps directiveness in CBT is more direct and transparent, whilst directiveness in person-centred therapy is more "hidden" and indirect, and therefore, the two can have a different effect on clients. As a result of the above, it is possible to see that the issue of directiveness is questioned as well as any definite categorisation. Therefore, some of the bases on which different approaches are thought to be incommensurable (like CBT and humanistic approaches) are questioned and the differences are not so clear (McAteer, 2010). The next section reinforces this argument.

5.7 What are the possible meanings of emotions in professionals working with CBT?

One of the cornerstones of counselling psychology, and of the humanistic therapies in general, is the importance of the meaning of being human (Deurzen-Smith, 1990); and the therapist, like the client, is a human being who has life difficulties and challenges. Contrary to this kind of view, CBT has commonly been accused of considering the client as a learner, and the therapist a trainer of more effective thinking skills (Pearsons, 1989). In the present project, two interviewees seem to support this common view of CBT therapists being somewhat superior and overpowering (this was not considered a theme for the current research, as it did not reach the minimum number of supportive quotations), whilst other findings seem to challenge this view by demonstrating that professionals using CBT can be "human". In some participants it was clear that their clients' material had an impact on them: some practitioners appeared to experience anxiety when clients' material was very intense, and they seemed to tend to use CBT as a coping strategy against this anxiety. They felt a sense of relief when working with CBT as they were "allowed", and indeed expected, not to get too deeply involved with clients. The belief that CBT works helps them to feel less powerless and helpless. In relation to the literature,

according to person-centred theory, when therapists are faced with clients' difficult feelings, they should be congruent. The skills of congruent responding in dealing with difficult feelings, then, involve identifying one's own internal feeling response, the general skill of awareness and then responding congruently (Rice & Greenberg, 1984). Because these practitioners seem to be using CBT as a coping strategy against their own anxiety rather than congruence, it could be argued that they are not attending to the therapeutic relationship. In fact, not being too deeply involved with clients could appear as giving less importance to the therapeutic relationship (as CBT therapists have often being accused of doing). Cognitive therapists acquired the reputation of being cold, mechanistic, over-rational, medicalising, controlling and technique driven (Gilbert & Leahy, 2007), when, actually, perhaps their anxiety can show that they are potentially vulnerable human beings just like their clients, and therefore have difficulties and battle with life's adversities. This is what Woolfe, Dryden and Strawbridge (2003) claim to be an important characteristic of counselling psychologists.

5.8 Is there a relationship between lack of therapeutic presence and authenticity in CBT practice?

Schmid (2001) points out that one of the cornerstones of Rogers' humanistic therapy is the concept of therapeutic presence. Presence is not an additional core condition but a concept which comprehensively describes the basic attitudes, or core conditions (congruence, unconditional positive regard and empathy), in an existential way. What Rogers described as core conditions correspond with presence as understood on a deeper level. Each one of the conditions makes no therapeutic sense without the others. Presence can thus be regarded as something that includes and preserves the core conditions. Hence, presence is an expression of authenticity, as it is related to the immediately present flow of experiencing (Schmid, 2001). On this topic the

recent work of Leonardi (2010) is also very interesting as he talks about the profound experience of being human from a spiritual perspective and about the spiritual dimension of therapy.

This strict connection between presence and authenticity raises curiosity with regard to some of the different findings of this project. Above, it was stated that some participants feel authentic when they practise CBT, whilst others (and also some of the same participants) experience themselves as not fully present in the room with clients (i.e. they experience a lack of therapeutic presence) when they practise CBT. How can this be explained? Perhaps it is possible to attempt to explain these findings with the postmodern perspectives on authenticity. Although there is no intention to provide an answer, a reading of these perspectives can help to deepen an understanding of these findings.

In his book *On Being Authentic*, Guignon (2004) traces the historical development of the concept of authenticity from its origin in the eighteen century to its problematic use today. He points out that, traditionally, we are constantly urged to look within. Guignon followed Trilling's (1971) lead, who examined some of the ways people have thought about authenticity at different times and showed how people changed their thinking about themselves. Guignon (2004) asks why being authentic ceased to mean being part of some bigger, cosmic picture and, with Rousseau, Wordsworth and the Romantic movement, took the strong inward turn alive in today's self-help culture. He also reflects on the future of being authentic in a postmodern, global age, arguing that if we are to rescue the ideal of being authentic, we have to see ourselves as fundamentally social creatures, embedded in relationships and communities, and that being authentic is not about what is owed to me but how I depend upon others.

The social role of authenticity is also identified by Schmid (2001), who describes the relationship between Rogers' concept of therapeutic presence and authenticity. Schmid suggests that being really present is one of the most challenging tasks for human beings. Being true to oneself and being open to others (and not only to one other individual) can be a frustrating way of being. As mentioned above, the person lives in more than one relationship, with more than one "other". As a consequence, the "we-perspective" is the genuine dialogical perspective. Even in one-to-one therapy "the Third One" (as the metaphor for all others, relationships and the external world) is always present (ibid.). According to Schmid, people depend on groups from the very beginning of their life: the family, groups of friends, groups at the work place, etc. It is in groups where we learn to be authentic and where the task of being authentic resides. Consequently the political significance of authenticity becomes evident. Groups are smaller parts of the society, and so a social and political dimension of authenticity becomes clear. The task is not only to be authentic in intimate relationships and in therapy, but also in everyday life, in society and politics. Human society will have to enter the stage of the tension between unity and plurality. Once this is achieved, authenticity will be the only possibility to live as a person in a globalised, confusing and technical world. Authenticity is the very opposite of alienation (ibid.). The link between this latter argument and the findings of this project can be found in Chapter III (see sub-theme 3C), which outlines how practitioners' personal lived experience of the practice of CBT is in connection with the contextual situation (political and societal). Some interviewees seemed to describe experiencing a sense of pressure from society to produce good CBT work in a certain way, as there seems to be a stereotyped view of what psychologists are supposed to do. As mentioned in Chapter II, CBT is considered by NICE guidelines as the treatment of choice, and therefore, there is a wider political interest in mental

health and CBT. It is understandable how this political climate can generate pressure and anxiety about performance in some of the interviewees. The societal pressure seems to be projected on to CBT by practitioners, and therefore they attribute the responsibility of the pressure to perform and the anxiety of performance to CBT itself. Wills (2008) aptly quoted a cognitive therapy trainee:

> *"I seemed to spend more time thinking about applying the model than thinking about the person in front of me. This felt very uncomfortable to me. In retrospect, I think that I got into a way of thinking about how to do cognitive therapy that was almost neurotically structured".*

This quotation seems very similar to one of the quotations of Thomas, analysed and discussed in Chapter III (theme 3B).

These observations can help to make more sense of the coexistence of authenticity and the experience of lack of therapeutic presence expressed by the participants in this study. Possibly, the societal pressure that gives them the experience of being more concerned about doing things correctly rather than about the client is not necessarily lack of presence, but is the new authenticity which is embedded in society more generally (cf. King & Moutsou, 2010) and not just in the one-to-one relationship with the client. Therapists have to deal with the reality of being inextricably embedded in and enmeshed with societal demands.

5.9 Limitations of the present study

A fundamental issue in this project occurs at its most basic level: the question of what the nature of identity is or might be, and whether there actually exists an identity at all in any meaningful sense. It is clear that this debate is still open, and therefore, there is a question about whether questioning people around their professional identity has any validity at all. This aside, the study also has several

methodological limitations relating to the approach, the sample and the validity, which will each be discussed in turn, below.

5.9.1 Methodology

IPA is an idiographic approach and so by its intrinsic nature it does not seek to find definitive or positivist answers. Thus, it is not possible to take the results derived from an IPA study and make claims about the generalisability of these results for the wider population of counselling psychologists working with CBT. Therefore it is necessary to acknowledge that the findings provide an in-depth insight into the salient themes of the participants' experiences in this particular study. The aim was theoretical transferability rather than empirical generalisability: that is, this study should enable the reader to evaluate its transferability to people in similar contexts, to make links between the findings and their own personal and professional experience, in the context of the existing literature (Smith, Flowers & Larkin, 2009). Therefore the aim is not to make claims for all counselling psychologists practising CBT, but to shed light on the broader context, so that subsequent studies might add to this and perhaps enable more general claims to be made, where appropriate or helpful.

Similarly, although every attempt was made to be rigorous and transparent throughout the analysis and interpretation, one limitation of IPA is the fact that it is never really possible to directly access participants' experiences, but instead the researcher interprets the participants' interpretations. Consequently other researchers might have highlighted different features from the same or similar data. Moreover, it is possible that the researcher made certain aspects of the interview more salient to counselling psychologists by disclosing the specific aims of the study on the consent form, which may have induced a response bias, in the form of socially desirable

responses. This is even more possible given that psychologists are already aware of the construct of identity, are familiar with describing such psychological constructs, and are open to these kinds of ideas.

The role of language can also be problematic in IPA. Social constructionists argue that language constructs rather than describes reality. It could therefore be said that an interview transcript tells us more about the way in which an individual talks about a particular experience, within a particular context, than about the experience itself (Willig, 2001). IPA acknowledges the role of social construction, and the fact that pure experience is never accessible. It recognises the action-orientated nature of language and yet challenges the narrow view of people only as discursive agents (Eatough & Smith, 2006), and this view relates to the present project's epistemological position, contextual constructionism. Furthermore, participants' ability to communicate the rich texture of their experience successfully is a question that has been often asked of IPA. Some individuals at least may struggle to use language in a way that accurately conveys the details and nuances of their experience (Willig, 2001). Smith and Osborn (2008) accept that people often struggle to express what they are thinking and feeling, and yet argue that their emotional state should be interpreted by a researcher, by analysing what they say and by asking critical questions about what is not said. In the present project participants, particularly the male participants, did in fact often struggle to express their feelings around their professional identity.

5.9.2 Sample

A further factor to consider is the potential selection bias amongst those choosing to participate. The participants self-selected to take part in the research, and thus the experiences of those choosing not to participate may have been quite different from

the experiences of those who did. Moreover, there was an imbalance in gender, age and nationality among the participants, of which 75% were male, mostly white British (only two were from overseas) with ages ranging from early 30s to late 70s. It has been suggested that gender-related differences are apparent in the way in which males and females respond to issues (Williams, 2000) and it is therefore likely that the experiences of males are different to those of females. It is also likely that a wider sample from other racial and cultural backgrounds could illuminate other issues related to background influences and to adaptation/integration to the British cultural and social environment.

The sample group has some other limitations. Firstly, the selection criteria do not include other criteria such as the type of CBT practised, the training courses they have undertaken and the setting in which they work. CBT as a modality includes many different kinds of therapeutic approaches, so practitioners could have varying views of it, depending on what particular approach they are practising. Moreover, what people are calling CBT is now so broad that perhaps the term itself is rapidly losing all specificity and meaningfulness (Loewenthal & House, 2008). In addition, the kind of counselling psychology training course that they have undertaken varies significantly and might have been more or less CBT oriented, which could also influence attitudes towards CBT and how counselling psychologists perceive and experience their professional identity in relation to it. Moreover, the workplace itself can also have an impact on professional identity: working in an NHS or an IAPT setting can be very different from working in private practice, and there were no selection criteria for where participants worked.

5.9.3 Validity

A debate is also continuing in the literature regarding the usefulness of participants' validation as a method of ascertaining credibility of the findings (Angen, 2000). Whilst it is suggested that it is a useful method to check the researcher's understandings and to ensure that the participants' views are not distorted (Elliott, Fisher & Rennie, 1999; Yardley, 2008), others argue that this may lead to confusion, as participants may have changed their minds about an issue, may not understand the interpretations made, and may not feel at ease to remark upon the researcher's interpretations (Angen, 2000; Yardley, 2008). Moreover, this method relies upon the assumption that there is a fixed truth or reality against which accounts can be measured, so continuing the positivistic assumption of an independently existing external reality (Angen, 2000).

It was therefore decided that use of participants' validation would not be appropriate for this study, as the interpretative element of the analysis could have made it difficult for participants to relate to the analysis. However, as with any decision taken in research, there are losses in renouncing participants' validation: the study could be seen as less collaborative and also the information given by the participants on the interpretations could have been an additional important source for expanding the researcher's understanding of the phenomenon. These could be seen as the limitations of the present study in terms of validity.

5.10 Outlook: Significance of the study and recommendations for future research

As mentioned previously, the aim of this study was to reach theoretical transferability rather than empirical generalisability. With this aim, the study should enable the reader to evaluate its transferability to people in similar contexts and to

make links between the current findings and their own personal and professional experience in the context of the existing literature (Smith, Flowers & Larkin, 1999). Consequently, the aim is not to make claims for all counselling psychologists practising CBT, but to shed light on the broader context. Subsequent studies may add to this so that, over time, more general claims might be made where appropriate or useful.

Given that there is no specific study in the extant literature which explores how counselling psychologists' perception of their professional identity is influenced when CBT is included in their clinical practice in any setting, with CBT now being an increasingly popular practice within the profession, this study has addressed this gap in the literature, using a qualitative design to explore this under-researched area. As illustrated in the literature review, there are many myths and assumptions about the nature of CBT, and these assumptions are also influenced by the current political climate, which demands the practice of a standardised form of CBT. This study did not have the purpose of finding answers, but of raising issues and questions and, through them, to interrogate the wider literature. The findings have raised some further questions about the above assumptions (sections 5.2 to 5.8) and, in line with the postmodern line of enquiry, have helped to deconstruct some of them. Related to these questions are the many interesting themes that have emerged from this project, and which could represent material for further investigation. Some suggestions are outlined below.

It seems conceivable that there is no one unitary identity but many possible selves (or parts of self) which are flexible and can adapt to CBT by drawing upon or using the parts of self that match with it (e.g. the pragmatic, masculine, logical self, or selves). Therefore, first and foremost, considering also the postmodern argument

about the issue of identity, more research on the broad area of identity is needed, perhaps a deeper exploration on the nature of it and the differences, if any, between personal and professional identity. Specifically, one potentially interesting line of enquiry might be to explore the relationship between authenticity and CBT. As previously discussed, in this project some professionals felt freer to be themselves with CBT than with other approaches, whilst others felt less authentic using CBT. These findings can provide useful information in relation to the current movement towards a cognitive-interpersonal perspective in CBT initiated by Safran and Segal (1996) and Gilbert and Leahy (2007), as the findings challenge the common assumptions around CBT therapists being cold and not attentive to the therapeutic relationship.

The counselling psychology literature could also be informed, as some of the main beliefs of the profession can be questioned (e.g. the issue of directiveness as something not preferred by practitioners; and the accuracy of considering counselling psychology as having "a" core identity). Furthermore, these findings can give fresh input and impetus to the still-debated issues around the contribution of CBT to the pluralistic practice of counselling psychology (Boucher, 2010). More specific studies in this area could contribute, along with the present study, to a continuing exploration of this important topic and also be very illuminating within the postmodern line of enquiry about the relationship between knowledge and experience.

Another interesting finding is the relationship between masculinity and CBT. Some participants (females included) talked about CBT eliciting their pragmatic, logical and masculine part of the self. It would be useful to investigate this issue more deeply, as it could illuminate the literature on gender and psychotherapy. This could

include a Jungian perspective on the anima and animus[1] (Jung, 1923), as well as more mainstream psychoanalytic perspectives on gender and difference (Maguire, 2004).[2]

It is important to remember that one of the findings of this project is that feeling comfortable with CBT can depend upon the practitioner's initial training, personal experience, cultural background, personal characteristics and personal beliefs. The present sample is limited in terms of heterogeneity, and thus future studies could explore the same questions using more homogeneous samples in terms of type of CBT practised, work settings, and age, training and culture, to explore relationships between other potential factors or variables of interest. For instance, it would be interesting to examine a sample of counselling psychologists working only in IAPT and compare these with those working exclusively in private practice; or to compare newly qualified counselling psychologists with those who are more established. Moreover, as the participants were predominantly British males, it would be interesting to interview females from different cultural backgrounds.

Given that the effect of CBT on identity appears to change over time as experience increases, future research could also take a longitudinal approach, whereby participants are interviewed shortly after qualification and then at regular intervals

[1] In Jung's school of analytic psychology, anima and animus are the two primary archetypes of the unconscious mind and they are elements of his theory of the collective unconscious. In the unconscious of the male the collective unconscious finds expression as a feminine inner personality (anima) and in the unconscious of the female it is expressed as a masculine inner personality (animus). Therefore, anima and animus represent respectively the totality of the unconscious feminine and masculine qualities that a male and a female possess (Jung, 1923).

[2] Maguire (2004) in *Men, Women, Passion and Power: Gender Issues in Psychotherapy* explores the ways in which psychoanalytic and feminist theorists have addressed questions around inequality of sexes as a feature of the human culture. Nowadays, even if the position of women in some societies has notably improved, sex-based patterns of power continues to be present in society. Magurie explores why these gender inequities come to be in our psyche even when we believe in change. She examines the impact of early experiences and unconscious fantasies on the development of psychological gender.

across their career to provide a more comprehensive understanding of the process of adjustment to CBT over time.

5.11 Contributions to knowledge and implications for practice

As Schostak and Schostak (2008) have suggested, all research, if conducted thoughtfully, will contribute in some way to knowledge. In a traditional thesis gaps or limitations in the extant knowledge are identified, which the thesis then seeks to address. It is rare that truly new knowledge is discovered. However, it is hoped that this research will contribute to the growing literature concerning the current and complex issues of the relationship between counselling psychology, CBT and the wider societal and political context, as mentioned in the previous paragraph. By conducting qualitative research with this group of practitioners in this particular political climate, with this study it is possible to claim to contribute to the development of knowledge through the further provision of original evidence (that is, the material collected through this study's interviews). As also discussed in the previous paragraph about the significance of the current study, these findings, together with their critical integration into the wider literature, have provided interesting twists and turns in theory development and critical insights into previous approaches to understanding. They also raised several crucial questions which can be placed within contemporary postmodern approaches to research and debates, as they adopt a deconstructive or sceptical approach to any overall narrative concerning "truth", "values" and "objectivity" in line with the contextual epistemological position which framed this project. The formulation of these key questions can be considered the contribution to knowledge of this project (see sections 5.2 to 5.8).

Potentially important implications for clinical practice also emerged from the findings. This study provides an overview of what this group of participants

considers to be dimensions of professional identity, and then indicates how CBT contributes to, or how it compromises, this identity. The simple nature of these themes indicates that practitioners do not find the impact of CBT on their identity to be only negative or only positive, in a simplistic either/or way. Moreover, what also emerged is that the title "counselling psychologist", and so the profession's philosophical underpinnings, do not have much to do with how individual practitioners are affected by CBT or feel when working with CBT. Rather, their experience of CBT seems to be more related to their personal characteristics and background (e.g. being more or less comfortable with directiveness, masculinity and pragmatism), to the point that people can experience themselves as more or less authentic when they practise CBT. Moreover, these personal characteristics are not something fixed, but can change over time, and are greatly informed by context, such as practitioners' personal beliefs, family background, training, working environment, societal and political system etc. Consequently, it may be worthwhile for those approaching counselling psychology training (indeed, *any* training) not to be too preoccupied with wanting to fit themselves into the box of the training course's title, or to be put off by the requirement of the practice of CBT, but to rely on the idea that there are many personal factors that will make them the professionals they will be.

However, it could also be the case that, as Fear and Woolfe (2000) point out, if a therapist is faced with competing cognitions, in the sense that the practice of one form of therapy (e.g. CBT) is accompanied by a set of beliefs that is largely adverse to their underlying personal assumptions and philosophy, there can be consequences. In this case, cognitive dissonance and internal conflict might occur, which require adaptation from the therapist. Vasco, Garcia-Marques and Dryden (1993) suggest that adaptation can be accomplished in different ways such as: revision of one's own paradigm, selective inattention, career crisis or abandonment of career, including

burnout. Therefore, the implication for practice here could also be related to training courses' process of selection of applicants. They might find it worthwhile and more effective to pay more careful attention to people's individuality. They could involve a search for individuals whose personal philosophy shares the same theoretical assumptions as that of the theoretical orientation of the proposed training course, rather than blindly impose theoretical approaches with the belief that students will develop the same professional identity just because of the label they are given (Fear & Woolfe, 2000). As Barron (1978) suggests, in this way, it is more likely that trainee therapists will have the potential to establish more harmony between their personal and professional selves.

The findings of the present project questioned the accuracy of considering the philosophical underpinnings of counselling psychology as something fixed (as professionals seem to be very diverse) and highlight and deconstruct the differences between the philosophical underpinnings of counselling psychology and CBT. The impact of the social system on practitioner's identity has been highlighted. Practitioners might benefit from making links between the findings of this study, and their own personal and professional experience, and to consider whether they have internal conflicts between their identity and their "externally regulated identity" in order to keep offering an ethically proper service to clients. Moreover, it may be worthwhile for employers, particularly within the NHS, to consider the different methods available for advertising jobs, perhaps by privileging more the actual skills and personal characteristics rather than the title, in the service of clients' care. This seems to support the contemporary dialogues among the BPS Division of Counselling Psychology regarding the need in the NHS for the use of competencies to differentiate between those posts which may be more appropriate for one branch of the profession rather than another, without excluding potential candidates on the

basis of an adjectival title, as the competencies and perspectives that are shared by applied psychologists are often greater and more important than the specific issues that distinguish our various areas of specialism (Crawshaw, 2007).

5.12 Reflexivity

Reflexivity in qualitative research is essential in terms of considering how the researcher's own values, interests and assumptions influence interactions with the analysis (Elliott, Fisher & Rennie, 1999). Throughout this research project, I found it invaluable to spend time reflecting on the process using a journal, which raised my awareness of issues, and I also used supervision and peer meetings to explore my reflections further. I have already outlined my position in terms of my interest for this particular research project in Chapter III (section 2.1.1). In this section I reflect on my actual research process and attempt to outline my biases.

In line with IPA, I was determined as far as possible to begin each interview with an open mind and to put aside (bracket) my own assumptions as much as I could, and to attempt to enter participants' personal world. However, as Hein and Austin (2001) emphasise, it is impossible to put aside all biases, and, in fact, I am aware that my questions and non-verbal communication may have encouraged or discouraged certain responses, and that a different researcher may have elicited different responses. My own beliefs and assumptions will very likely have influenced the way in which I engaged with and made sense of the data, and despite them being a limitation, in a sense they have also been useful in the interpretative process, with the researcher's own interpretative process being seen as both inevitable and legitimate in the course of data collection and analysis in IPA.

A first consideration for me to take into account is that, like my participants, I am also a trainee counselling psychologist working with CBT. Even though, as emerged

from the study, professional identity is quite unique for each individual, participants might potentially have been influenced in their answers by having an interviewer who shares similarities with them, a process which can work at both conscious and unconscious levels. Thus, whilst they might have felt more understood, and so freer to speak, because I was part of their own profession, they could also have been concerned about my agreement or disagreement with their position and experience with respect to CBT. I was constantly aware of this possibility during the interviews and tried as much as I could not to allow my personal point of views or experiences to leak out from my questions or comments. Nevertheless, I do not think I managed this all the time, particularly with respect to unconscious body language. Indeed, I think my own experience of working with CBT has changed over time and so this has influenced my attitude throughout the process of conducting this study. From an initial curiosity, but also scepticism and anxiety about CBT practice, as my practice of it deepened I became much more comfortable with it, more open, and started to appreciate the positive characteristics of this modality. I moved to a position where CBT started to inform my practice in a useful way, enhancing my professional identity, although I remain open to criticising its limitations as I perceive them. Moreover, my preparatory reading and literature review have certainly influenced my view of CBT and counselling psychology. Whilst I have wondered how my new ongoing position with respect to CBT might have influenced the participants, I have been mostly aware of how this might influence my interpretative process and selection of findings. I strived to remain as impartial as possible, and to be fair and balanced in the choice and presentation of my results, but obviously, the influence has been inevitable, and it is of course one that IPA recognises.

A second consideration which requires attention is the power balance between my participants and me. Although we were part of the same professional group (i.e.

counselling psychologists practising CBT), they were fully qualified whilst I am still in training. Even though in my experience they treated me with absolute respect and as an equal, I sometimes had the impression that they were almost "lecturing" me with their answers. However, it is not clear whether this was due to a genuine power imbalance with me, or because of the inevitability of introducing theoretical language in the description of their identity (as it has emerged from the results), or because of the nature of my questions (perhaps they found it too difficult to verbalise the experience of identity without using theoretical language).

The nature of the questions has in fact been one of my doubts throughout the process. For instance, the first question I asked everyone was: "What is your lived experience of being a counselling psychologist?" I noticed that most participants did not understand this question and asked me to repeat it several times, after which most of them answered with theoretical language rather than experiential language (particularly the men). I have taken into account the gender bias between them and me: I am a woman and I had the expectation that the participants would respond with an emotional language going deeper into their feelings (as this is a common way to speak for women). In fact, I felt that the two women I interviewed provided a more in-depth account of their feelings and less theoretical language. I experienced almost a sense of frustration with some of the men, perhaps due to my gendered biased expectation. I did not feel satisfied after most of the interviews with the men as I felt they did not give me the information I was looking for. I wanted and expected them to answer in the same way I would have answered, therefore with an emotionally detailed kind of language which is more commonly associated with women (including myself). However, returning to the question about lived experience, in retrospect, perhaps I would formulate this question in a different way (possibly removing the word "lived", which

seemed to create the most confusion, and perhaps use less prompts in order to leave participants freer to answer).

In listening to and transcribing the interviews I have learnt a great deal about my interview style: I realised how I seemed at times to be slipping into the role of "therapist" rather than "researcher". Even though I was mindful of this throughout, I still have the impression that I made "therapeutic" interventions at times. Lillrank (2002) discuss the dilemmas intrinsic in the combined role of being a therapist and a researcher, and the uncomfortable difficulties this can present. I also became aware of how I often ask too many questions or two questions at once, potentially confusing or "flooding" interviewees. On reflection, perhaps this was one way in which my own anxiety seemed to manifest itself.

A third reflective consideration involves my experience of the process of interpretative activity. Although Smith, Flowers and Larkin (2009) state that IPA involves a middle position between the "hermeneutics of empathy" and the "hermeneutics of suspicion" (where it is acceptable for interpretations to become more questioning as long as they are prompted by the text), it still felt somewhat strange for me to make interpretations at a deep level. I felt that, as careful as I could be to stay close to the text, whatever interpretation I would create would still be my own story of their account (based on my biases, my experience, and my background). It felt at times uncomfortable and almost disrespectful towards my participants, as if whatever I would say would not do their experience "justice". Perhaps is in the nature of IPA to leave researchers feeling this way – which would be an interesting research question in itself.

Finally, I feel that I should consider the number of interviews I conducted and the data-analysis process. Even though Smith, Flowers and Larkin (2009) recommend a sample of between three and six participants for good in-depth analysis, initially I felt that eight

participants would have been a more adequate number to obtain good material for the analysis. However, I think this choice was also influenced by an awareness of the pervasive expectations of research committees, which are still mostly composed of statisticians and quantitative researchers who tend to demand high numbers of participants, even for qualitative studies.

The experience of the analysis was as exciting and interesting as it was challenging and mentally exhausting. At the end of the process I found it difficult to manage the material from so many participants. Thus, whilst I strived to maintain a commitment to ideography at all times, I still felt that I had to overlook some individual or less prevalent details if I wanted to give voice to the whole group in an equitable manner. Moreover, in the end I had to make the decision to omit some interesting themes which emerged due to limitations in length of the present study. Upon reflection, I would attempt to follow the established tradition of IPA, and the recommendations of Smith, and reduce my sample size to five or six participants in future.

Overall I think the project has accurately dealt with the research question ("How, if at all, does the inclusion of CBT in counselling psychologists' clinical practice influence their experience of professional identity?"). Moreover, it has explored broader experiences of practitioners and components of professional identity, which I felt was needed in order to understand the effects of CBT on it.

In conclusion, the experience of conducting this research has taught me a great deal about the process of conducting qualitative research and the challenges one can face along the way. I have developed skills in the knowledge and use of open-ended questions, and this awareness is already helping to inform my clinical practice. I feel that I have undertaken and completed a real journey with this research process, a journey which has been fascinating, rewarding and instructive, but at the same time

challenging, scary, frustrating and tiring. Besides having obtained material from the participants in order to produce findings and discussion, I also gained a great deal at the personal level. I learnt a lot from the people I interviewed, and in the same way I hope that other practitioners will be able to identify with and benefit from the findings. I have learnt and improved the art of interviewing and observed a growing confidence and a gradual decrease of anxiety in myself from the first to the last interview, which I think has in turn progressively enhanced the quality of the interview data that I obtained. I noticed that the first interviews were shorter than the final ones. This could purely be related to the individual characteristics of the participants, but it could also be related with my own way of interacting with them (as already mentioned above). I also made an effort to improve the quality of my interviews: after listening back to my first tape I became aware that through my own anxiety, perhaps I jumped in too quickly with follow-up questions, not allowing enough space to participants, for the fear that they would not say enough and would not say what I wanted to hear. Being able to reflect was essential, and ensured that I approached further interviews with a more open mind.

A final and very important learning point that I will take away from this research process is my increased self-confidence. I had no previous experience of IPA and qualitative methods and therefore I had to learn the method while doing it. Even though this has created some periods of high stress and frustration, it has also increased my confidence with respect to trying new things. Moreover, I also feel that my ability to think in an interpretative way has improved. Particularly with the analysis and then with the results section (highly interpretative) and with the discussion (when linking my findings with the literature) I found my cognitive activity to be highly stimulated for several months. This has left me with an increased mental flexibility and a more developed ability not to take things for granted, but to question and critique things that

are presented as fixed truths. This seems to be in line with the postmodern worldview, which is the framework of my research, and is a good mental attitude to aspire to, whilst working as a qualified professional.

CHAPTER VI: CONCLUSION

Cognitive Behaviour Therapy (CBT) is a therapeutic modality which is commonly argued to be oriented to a medical model, and so to diverge significantly in theory and practice from the traditional relational and humanistic roots of counselling psychology. There is a large body of literature and research on the issue of counselling psychologists' professional identity in medical settings, but there appears to have been a significant gap regarding how they experience professional identity in the practice of CBT, a framework which presently provides a considerable amount of employment for counselling psychologists.

The aim of the present study was therefore to investigate whether, and how, counselling psychologists' experience of their personal and professional identity is influenced by the inclusion of CBT in their practice. This project sought to contribute to the field of counselling psychology by examining the topic of interest in rich detail by adopting a qualitative methodology, specifically interpretative phenomenological analysis (IPA). This approach was chosen because it is concerned with the detailed examination of personal lived experience, the meaning of experience to participants, and how participants make sense of that experience.

Semi-structured interviews were utilised for data collection. The sample included eight counselling psychologists working with CBT who had been qualified for at least five years. The methodology was approached within the contextual constructionist epistemological framework. Various interesting findings and lines of enquiry emerged and have been linked with current postmodern literature, arguments and debates. For instance, the accuracy of considering the philosophical underpinning of counselling psychology as something fixed is questioned, as professionals seem to be very diverse. Moreover, there was a tendency to consider

identity as not unitary but composed of many possible selves that can adapt to CBT by drawing upon or using the parts of self that are consistent with it (e.g. a pragmatic, masculine, logical self). Other key features discussed included the relationship between these possible selves and CBT, between CBT and masculinity, and between CBT and authenticity. Furthermore, the impact of theoretical knowledge on experienced professional identity has been questioned, and also the impact of societal pressures and expectations on practitioners. Some implications of this societal pressure on identity have emerged in this study.

Overall, the findings appear to indicate that feeling comfortable with using CBT will depend upon the practitioners' initial training, personal experience, cultural background, personal characteristics and personal beliefs (the professional self as emerging from the personal self). This seems to be consistent with current literature which emphasises that the manner of reading and the application of CBT depend on three variables: therapists' personal style; therapists' theoretical orientation and experience; and the therapeutic context (Boucher, 2010). Moreover, commonly accepted assumptions about CBT therapists' way of being and about the incommensurable differences between counselling psychology and CBT's philosophical underpinnings have been questioned and deconstructed. As a consequence, these findings and their position in the wider context can give fresh insight and impetus to the still debated issues around the contribution of CBT to the pluralistic practice of counselling psychology (Boucher, 2010).

Strengths, limitations, significance and validity of the project and implications for practice have been identified, and recommendations for future research have been discussed. In keeping with the epistemological foundations of the IPA approach, the researcher has also outlined her own experience and reflexivity throughout the

project, paying particular attention to identifying any preconceptions that might have affected the research process.

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Appendix A:
Interview Schedule

A. BEING A COUNSELLING PSYCHOLOGIST

1) What is your lived experience of being a Counselling Psychologist?

Possible prompts: Does your experience of being a CP, as you've just described it, have relevance to your sense of professional identity - of how you see yourself as a 'professional'? How do you feel about yourself in this professional role? What sort of person do you see yourself as in this particular role? How did you decide to embark on this particular profession? How do you distinguish yourself as a Counselling Psychologist from other helping roles such as those of Clinical Psychologist, Counsellor or Psychotherapist?

Definitions to clarify terms:

The British Psychological Society (2000) states that *Counselling Psychology* is a profession which seeks to: "engage with subjectivity and intersubjectivity, values and feelings … to know empathically and respect first person accounts as valid in their own terms…and… to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing".

The term *professional identity* refers to practitioners' felt experience of coherence in "who they are" in their work with clients, enabling them normally to feel satisfied and competent on a personal and professional level.

B. WORKING WITH CBT

2) Could you tell me something about your perception and experience of CBT?

Possible prompts: How would you describe it?

3) What percentage or proportion of your clinical practice is taken up with practising CBT? Can you describe the type of training that you undertook?

Possible prompts: How does the type of training you have undertaken impact upon how you see yourself as a professional? Has the training moulded your 'way of being' as a professional?

4) Could you describe your perception of what typically happens with your clients in the consulting room when you work with CBT, if it's possible to generalise about this?

Possible prompts: What does a session consists of? What do you do with the client?

5) How do you experience yourself when you work with CBT?

Possible prompts: How do you feel emotionally/mentally? How do you see yourself? What words come to mind, what images?

C. PROFESSIONAL IDENTITY

6) At the beginning I asked you something about your sense of professional identity: Do you have any further thoughts now about how working with CBT impacts upon how you experience yourself as a Counselling Psychologist?

Possible prompts: Does CBT enhance or diminish your sense of professional identity, or is the effect broadly neutral or insignificant?

Appendix B:

IPA Analysis Steps 1–3 (Reading and Re-reading, Initial Noting and Developing Emergent Themes)

The three steps have been merged here but they have been worked on in progressive order. The underlined text represents the parts of the interview that caught the researcher's attention during step 1. The comments on the right side represent the initial noting (step 2). The themes on the left side have been developed in step 3.

Italicised and bold text signifies interviewee speaking

Emergent Themes	Original Transcript	Exploratory Comments
	1. Ok, so we're gonna have about an hour. It can be less, but let's say about an hour.	
	2. *Right.*	
	3. I've got an interview schedule prepared, but obviously you can add anything you want at the end. It's a semi-structured interview.	
	4. Yeah.	
	5. Just to remind you the title of the project, it is the impact of the experience of working with CBT on counselling psychologists' professional identity. Okay. So I'm gonna start to ask you some demographics for	

	my research.	
	6. Right.	
	7. Like yeah, where did you train, how many years ago and how many years post-qualification experience do you have?	
	8. I trained in () , as we'd just been talking about previously. And I finished in 2005 I think. I must be just five years post-qualification.	
	9. Okay.	
	10. And I've been in this job four years now. And prior to that I worked as ... I wasn't working as a psychologist. Prior to that I was working as a social therapist in a therapeutic community.	
	11. A social therapist?	
	12. Yeah. So I did that for sort of nearly a year post-qualification. So I wasn't sort of technically working as a counselling psychologist.	
	13. Oh okay, so it's been four years.	
	14. As a counsellor ...	
	15. As a counselling ...	
	16. ... and sort of technically as a counselling psychologist.	
	17. Okay, but you've been qualified for five?	

	18. Yeah.	
	19. Okay. And have you always worked in this job since you started working as a counselling psychologist ...	
	20. Yeah, just this job for four years.	
	21. Okay. So can you describe a bit what kind of place this is...	
	22. <u>This is a recovery team</u> or what used to be known as Community Mental Health Team. <u>It's a secondary level care NHS team</u> which I work in three days a week. I'm the only psychologist in this team, but we're kind of really allied to other teams in the area, two other teams, and there are psychologists in each of them, both part-time as well. So it's doing lots of sort of assessing and consultation, an amount of supervision. But also being just part of the broader team, attending clinical meetings and having sort of a psychologist's perspective on what's going on - the clinical work and the sort of team and organisational stuff. *23.* ***And I do <u>a day in the Psychological Therapy Service as well</u>, which is becoming less and less different to the work here actually, but they'd just be doing therapy of up to 20 sessions. There's all sorts of bits and pieces around ... like <u>I work in the Assertive Outreach Team</u> for an hour a week. I don't know. It's good. There's always all sorts of different stuff comes up to do.***	
	24. But all within the NHS?	

	25. Yeah.	
	26. So you don't work in private practice as well?	
	27. No, not at all.	
	28. Okay, not at all. So this is the NHS setting, so the only kind of experience you've built up since your qualification?	
	29. Yeah. Since qualification I've only ever worked in NHS. And most ... I mean most of while I was training was NHS as well.	
	30. NHS in the placement?	
	31. Yeah, NHS placements ...	
	32. Oh okay.	
	33. ... and my work alongside of that. I had two placements in voluntary sector organisations but, other than that, yeah I've always worked in NHS.	
	34. And for how long have you been practising CBT, if you can define the time?	
	35. ***Well yeah, I don't know. I mean, I suppose since training in it, whenever that was. That was the second year of training. I do ... it's more I sort of do bits and pieces. It depends on what comes up. So I'm not always using CBT. And also I wouldn't think of it as my main ... the main model I use. But it definitely sort of always comes up because ... I think partly coz there's such a buzz around it***	Does he feel the need to criticise CBT even before being asked to actually speak about it?

	really. There's one of the psychiatrists here always doesn't refer for psychology. He always refers for CBT, whether appropriate or not I think, yeah.	
	36. Yes. Okay.	
	37. So, I mean, on and off throughout this job ...	
	38. Okay, so the all four years you've been here ...	
	39. Yeah, it's been part of that, yeah.	
	40. ... and on and off in that time. Okay. Anyway, we're gonna go more into CBT in the following question.	
	41. Ah.	
	42. Can I know your age?	
	43. Yeah, I'm 3().	
	44. Thirty six, okay. Alright. So yeah umm, as a first question I would like to ask you what is your lived experience of being a counselling psychologist?	
	45. Lived experience?	
	46. Mmm hmm. I've got yeah sort of the definition which you can find from the BPS if you want as a starting point, but it's up to you.	
Hard to speak about lived experience	***47. Maybe yeah, because I don't know ...***	Sense of feeling lost and not knowing what lived experience is.

	48. Yeah, well the BPS states that counselling psychology is a profession which seeks to engage with the subjectivity and intersubjectivity, values and feelings, to know empathically and respect first-person accounts as valid in their own terms and to elucidate, interpret and negotiate between perception and world views, but not to assume the automatic superiority of any way of experiencing, feeling, valuing and knowing.	
	49. Mmm, right.	
	50. Yes. In terms of professional identity… because it's mainly what I'm asking in this question… mmhh, the term professional identity refers to practitioner's felt experience of coherence in who they are in their work with clients enabling them to normally… normally to feel satisfied and competent on a personal and professional level.	
	51. Right.	
	52. So these are just basic definitions to help you think. But obviously they're not gold!	
Professional body as protecting the self	***53. Yeah. I suppose it sounds like it's referring to sort of quite deep-seated kind of philosophy underlying counselling psychology.***	He moves the answer from himself to Counselling Psychology as a profession. Hard to stay on self. Sense of protection from professional body?
	54. Yes, but more than what you read in the books, I'm really interested in your lived experience of being a counselling psychologist.	
Theoretical language as ingrained in lived experience	***55. Yeah. I suppose I was thinking about that sort of idea of respecting people's subjectivity and that***	Respecting people subjectivity as the most important thing. Intellectual way of speaking

	sort of thing.	("idea"): he uses a concept to answer about lived experience.
	56. Mmm.	
Primary importance of subjectivity Previous experience as shaping self Experience and theoretical concepts as overlapping Theoretical concepts shape the self Profession needs to be integrated into personal beliefs	***57. I think that's what kind of drew me into counselling psychology in the first place coz it seemed it did place a lot of emphasis on that. And I'd been an assistant clinical psychologist in learning disabilities and it felt like it was very hard to get at that, actually. It was a very behavioural approach. And the behavioural approach doesn't even acknowledge other people's subjectivity, or one's own subjectivity, which seemed just rather bizarre to me. So I was seeking something that would acknowledge that.*** ***58. And I suppose my original degree was in philosophy as well and that, especially sort of continental philosophy, paying a lot of attention to subjectivity as actually the starting point for any sort of knowledge.*** ***59. So I guess I think quite fundamentally that we have to base in subjectivity - be it ours or trying to get hold of somebody else's. Coz actually there isn't ... you can't really know about anything else, that kind of thing. I guess it fitted with my beliefs quite well, the focus on subjectivity. So that is*** *sort of* ***... it was easy to kind of integrate counselling psychology.*** *60.* ***You were saying about the lived experience.***	Centrality of subjectivity as primary reason for choosing Counselling Psychology. Previous experience as shaping self. How did he know about the concept of subjectivity before starting training as a Counselling Psychologist? What is the experience behind the concept? Is it that it's impossible to verbalise experience without the concept, or is the concept the actual experience? Theoretical concepts shape the self. You can't really know anything else other than subjectivity. Does he really know his subjectivity? He integrated Counselling Psychology into his beliefs (focus on subjectivity). Where these beliefs come from? Is it his previous training that shaped his beliefs? If so, where

		is the subjectivity? Or is subjectivity made off mainly intellectual concepts we take from the external world? Is there an actual experience? Or is it the experience the concepts taken from the external world? Do we really have a subjectivity?
	61. Mmm.	
Importance of professional roles Work of managing the self in respect to others	***62. I suppose being in the NHS as a counselling psychologist, umm… I suppose I do think that the role I'm in is a very much sort of clinical psychologist's role. So holding on to a professional identity as a counselling psychologist has at times been quite difficult, especially when I first started. Everyone thought I was a clinical psychologist. Not everyone, the people who employed me, my supervisor knew I wasn't. But a lot of the people in the team thought I was a clinical psychologist and I had to keep saying, I'm a counselling psychologist. To them it doesn't sort of mean that much, but I guess as they get to know me, it means a bit more and it's a different approach.***	Importance of professional roles. Working to manage people's perception of himself as a counselling Psychologist. Hard to hold to own identity when people see you in a different way or have preconceptions about what your role is? What does this say for the importance of social context? Is the self social? How does the social role change who you are as a professional? Importance of others and their thinking about him.
	63. How did it feel for you when they thought you were a clinical psychologist?	
Social relationships as problematic Need to defend own identity Importance of training for sense of	***64. Umm well I don't know. I didn't mind that much, but I did just want ... it felt important to say, I'm not a clinical psychologist actually. So it did feel important to assert a different professional identity. But then the idea of explaining what the difference is made me feel a bit tired and I couldn't quite be bothered actually.***	It felt important to assert a different professional identity from Clinical Psychologists. Working to manage people's perception of himself as a counselling Psychologist. What it so important about explaining your role to others? Does the way others see you change the way you see yourself as a professional? Importance

self-efficacy Concern with others' view of self Sense of lacking something Central importance of the therapeutic relationship Organisation as dismissive of identity differences Need to fight to affirm identity Theoretical constructs and identity as overlapping	***65. I don't know. I suppose where it comes up most strikingly is when someone asks you to do something which I don't really do, such as a second opinion on a diagnosis which doesn't really fit in with the humanistic call for counselling psychology, or to do psychometrics, which I have a less of a problem with, but I just don't have the training to do. I mean, it wasn't part of the training. If I was trained in it, it'd be alright, but I'm not. So I suppose I'm aware of where I might be perceived to be lacking certain things.*** ***66. But I think where I try and assert the sort of positive aspects is about focusing on the relationship as a way of working and how central that is to the work. Because I think that gets lost in sort of organisations that are focussed on finances and processing people through according to diagnostic categories and things like that. So stressing the importance of the relationship I think is vital, and something counselling psychologists can bring. And I've had experience of continually trying to push that.*** *67.* ***And another thing as well, actually is that counselling psychologists particularly, I think as having more experience of doing one-to-one therapy actually than clinical psychologists, and stressing the important things about that. I've felt like that's been a bit of a battle. Such as having an appropriate room. You can see this room is a bit strange for doing therapy, but this is what we have. Having a room, having it regularly available at the same time and all those things which promote a safe sort of attachment base, you know, and safe boundaries. I feel like I ... I don't know, I hold them as more important than certainly the***	of social context. People ask him to do things he doesn't do and wasn't trained to do such as diagnoses and psychometrics. Diagnosis and psychometrics don't fit with the humanistic call for Counselling Psychology. Keeps going back to Counselling Psychology: importance of theoretical constructs of the profession for identity. Sense of incompetency? He might be seen as being lacking of certain things. Importance of how others see him. Sense of inferiority? Lacking for whom? Importance of social context. Positive and central aspect of Counselling Psychology is focusing on the relationship. Organisations don't pay attention to the therapeutic relationship.

	management group here, and more important, I think, than many people in the team. So there's something of that kind of therapeutic stuff and valuing that.	Is he trying to push his being or what he has learnt from the Counselling Psychology training? Or are the two the same thing? Battle with the system around asserting his beliefs? Would he have these particular beliefs if he had done a different training? Is professional identity directly formed by the training? Does the training become the identity? Uses theoretical language to explain his professional identity. Is the theoretical language ingrained in professional identity? Is it really possible to separate the two?
	68. And does your experience of being a counselling psychologist, as you're describing it, have relevance to your sense of professional identity, to how you see yourself as a professional?	
	69. Does it have relevance to my ...	
	70. Mmm hmm.	
	71. Umm, I don't know. I'm not sure how to answer that. I'm trying to think about the two things. So the experience that I've just talked about?	
	72. Mmm hmm.	
	73. And how does that sort of feed in or affect my	

	professional identity?	
	74. Mmm.	
Struggle between what the self wants and what society wants Concern with others' view of self Pressure to conform to society Profession as fitting into personal beliefs Identity and beliefs as overlapping Struggle between personal beliefs and need to comply with the system Fear of not progressing if not complying	75. ***Yeah, I suppose I have felt at times that my experience could push me more towards feeling like a clinical psychologist and feeling not sure about what the distinctions are. I know there's counselling psychologists around who want to be clinical psychologists basically. But I've never really kind of been that. I don't know. I've had a bad experience of clinical psychologists and assistant psychologists, I think. Well 'bad' isn't fair. I didn't like it, I suppose, is a fairer way of putting it. I just felt like counselling psychology was, as I've explained, just fitted with my sort of beliefs better. And so I wanted to maintain that identity. It's felt a bit like ... it's felt a bit tricky doing that at times. And whether ... I don't know, whether sort of like just doggedly holding on to this identity if you sort of, I don't know, damage your prospects of progressing in an NHS setting. I don't know. I don't really think that but ...***	Is he talking about social pressure and need to social adaptation? Does he feel that the system expects him to be somebody else and he feels the pressure to conform? Does he have a sense of rejection and not feeling accepted by the system? Does he have a sense of inferiority to Clinical Psychologists? Identity struggle between what the self want and what society wants. Importance of social context. Counselling Psychology fits with his beliefs? Is it the case or he means that the theoretical ideas of counselling psychology became his beliefs as he had that particular training? And is identity only constituted by beliefs? Implicit "threat" from the social system: "if you don't comply you won't progress". Social pressure to comply. Struggle of self between holding on to personal identity and beliefs and conforming to social expectations. Fear of not progressing and falling behind. How can a professional rule (so a label) lead to this radical sense of being one thing or another? Does the role change the self?

	76. What would be damaging to do?	
Self as critical when does not conform Social pressure	***77. To insist that I'm a counselling psychologist and I don't do those things and is that gonna make you sort of perceived as rather awkward and actually not doing stuff that your employer wants you to do. So it would be fair enough for them to say, well this person's a bit awkward.***	Social system as critical parent. Struggle between conforming to social expectations or holding on to own self and beliefs. Sense of guilt for not complying? Thinks that it's fair if the employers see him as "awkward". Does he feel awkward himself? Self criticism? If you are different from the main stream that makes you awkward? Centrality of social pressure and context.
	78. I remember you just said before that you feel kind of lacking, for example, in the kind of skill - so psychometric skills and things.	
	79. Yeah.	
	80. So it seems as if you feel the need to comply to what they're asking ...	
Struggle between personal and social self Importance of training for sense of self-efficacy	*81.* ***Yeah, that's the same sort of thing. I don't really think that that's kind of a problem. But I suppose that's an example of the sort of thing that ... I think there are ... there would be posts around that they would expect someone to have those skills and a counselling psychologist probably couldn't fulfil that role. So I guess holding on to the professional role does perhaps close certain doors, which again that's not really a problem because you shouldn't expect ... If you're a counselling psychologist you shouldn't expect to be able to do something you're not trained to do. Yeah.***	Uses pauses and not fluent speech, symbolising the internal struggle? Struggle of choosing between being loyal to your original training and the working context? Fear of not having enough doors open if sticking with own self and beliefs? Sense of inferiority?

	82. Mmm. So it seems that you feel the need to comply, but at the same time you also feel that it's good to be who you feel ... what you feel your profession is.	
Profession's values as becoming embodied in identity	***83. Yeah and stand up for the values that the profession embodies, I suppose.***	Does the profession become the professional identity? How can the profession embody? Is he talking about his own embodiment? Are the values already in the self or they do become embedded in the self with training and rational adherence to profession's philosophy?
	84. And what sort of person do you see yourself in this particular role? You mentioned values a few times. I wonder what they are for you? What kind of person do you see you are in ...	
	85. What, in terms of my sort of personal characteristics or ...	
	86. Yeah, which relate to the way you're working or your values about the job you do.	
Easier to talk about the doing rather than the being Different professional rules correspond to different	***87. I don't know. I suppose I see myself as a therapeutic practitioner and trying to develop in that way as someone who pays attention to people's subjectivity and all the things that therapy involves, I suppose. Paying attention to that subjectivity, but being a bit outside in order to be able to provide something more - some sort of feedback or some sort of reflection on where a person in that might help them get ... move on from that position. So umm, yeah, all those sort of very much therapy focussed practitioner.*** ***88. There's lots of other aspects to the job as well. I***	He sees himself as a therapeutic practitioner. He seems not to really answer the question: the question was about his being and he answers with his doing. Uses theoretical language to talk about what he does. Can the self really see itself when asked to reflect on its being?

experiences Self as split into different roles Different professional rules correspond to different experiences System as forcing the self to cover unnatural rules Struggle between personal demands and social demands Training as fundamental for sense of self-efficacy	***mean <u>being a supervisor as well</u>, that sort of ... it's quite similar but a bit different as well. <u>It's more a sort of educative element to it and a managerial bit.</u> So umm, <u>I suppose this process of taking up more of a position of authority, that's part of it. Umm, and that's a shift</u> ... yeah, I suppose <u>it's a shift for me</u> because I've always been ... prior to this job I've been in a sort of role where you carry on and focus very much on the therapy, but you don't have responsibility for other people particularly. It's a social therapist's role. <u>So this pushed me to sort of develop in those areas and also there's more kind of teaching involved which I hadn't really ... had a bit of before, but not that much.</u>*** 89. ***Umm, <u>there's also a push for kind of leadership stuff</u> umm, <u>which I find I quite struggle with actually because I find it very hard to get to grips with umm… some aspects of management and organisational stuff within the NHS</u>. I find some of it just… doesn't seem to make sense to me. So that's almost ... and it seems also that you <u>can get very drawn into that and pulled away from the clinical work. So part of me kind of resists getting too much into it</u>. Umm but umm, <u>it's part of the job as well</u>, so like leadership meetings and that sort of thing and being one of the senior practitioners here. If there's nobody else around, then problems come up sort of in the here and now, then needing to be there to advise and that sort of thing. <u>But that's not part of a counselling psychologist's training I don't think at all. Umm, but there's skills that you can bring to bear.</u>***	He is not only a Counselling Psychologist, but also a supervisor. He feels in a position of authority as he manages people. Different roles give him new experiences. Does the self become a different one when in other roles? Possible selves or different part of the self? Centrality of rules. Sense of being pushed into a rule that doesn't come natural. Struggle between different parts of self: social self (wants to comply with employer demands) and personal self (wants to comply to personal demands). Training as fundamental for self development.

	90. Something fits into how you feel about being a professional?	
Anxiety of taking responsibilities Training as an over-protective parent	*91.* ***Yeah. I suppose it's about responsibility, isn't it? And taking on responsibility for various decisions and that kind of thing. And that would be across any number of professions I think. Umm, but not something particularly that counselling psychology training addressed I don't think. Umm, and not something, yeah, not something specific to counselling psychology. Umm, but in the specific stuff you've asked about in the mental health team, you can think about that from a counselling psychology kind of frame.***	Difficult to take responsibility. Is it something about the anxiety of growing up and becoming an adult? Training as an over-protective parent who doesn't foster independency.
	92. Mmm hmm. How did you decide to embark in this particular profession? What made you choose counselling psychology as opposed to clinical, for example?	
	93. Right. Well I guess I've said a bit about that in terms of ... I suppose it's one of the background ... It started out in kind of studying psychology which I'm not quite sure how I ended up studying psychology actually. But the first psychology I did was experimental psychology which I found really not very engaging at all.	
	94. Okay.	
	95. And doing philosophy alongside that. I found that more interesting. Counselling psychology seems to line up with the philosophy much more, particularly this stress on kind of subjectivity and examining subjectivity. I think philosophy's quite	Very rational answer to the question about personal motivation to be a Counselling Psychologist. Struggle to look inside?

	sort of therapeutic in itself. Yeah, so it was heading in that direction. And there were a few sort of blips, as I say, working as an assistant clinical psychologist. It didn't feel as though it fitted too well. It was interesting, but I was moving away from what I wanted to do.	
	96. Okay. Right. And… moving on to CBT.	
	97. Mmm.	
	98. Could you tell me something about your perception and experience of CBT?	
CBT as an entity	*99.* ***Mmm, okay. No, this is why I was interested to take part in this interview coz I think ... I feel like I've had a funny relationship with CBT.***	He has a funny relationship with CBT. CBT as an entity. How can you have a relationship with a theoretical construct?
	100. Okay.	
Anticipatory anxiety around the idea of CBT The self as performance Anxiety of failure with CBT Theoretical constructs as	***101. Starting out from umm, the experimental psychology that I did as an undergraduate. There's a lot of kind of cognitive modelling and that sort of thing. And it just seemed like a weird way of approaching human beings. I remember when ... starting to train in CBT as part of the course at Roehampton, feeling really anxious about it actually. Having done person-centred stuff which was something you could sort of grow with, to me CBT felt like something that you could sort of get it right or wrong and you have to do this in a certain way or you're not doing it right, umm, and that felt quite anxiety provoking actually coz I didn't feel that sort of sure about it. Although I think at that point it was the sort of model of psychology that I was most familiar with, the***	Anxiety around the idea of CBT. Anticipatory anxiety of getting CBT right or wrong. Anticipatory anxiety of performance, self as performing. Right or wrong for whom? External locus of control. CBT like person-centred approach are theoretical constructs, so what makes the difference? What makes person centred something to grow with and CBT something to get right or wrong? Loss of self- efficacy?

constricting the experience Self as freer and more authentic and spontaneous with CBT	***cognitive stuff, from undergraduate and then some postgraduate stuff I did. Yeah, so I was feeling very anxious.*** ***102. But then actually doing it, in an odd way it felt like the structure of it was kind of a bit liberating actually, a bit freer to be yourself than in a person-centred way, in which you're actually having to kind of monitor and watch how you are.***	Doing CBT is actually liberating, makes you freer to be yourself. In person-centred you need to monitor and watch how you are. Paradox: the structure of CBT makes him feel freer; person-centred makes him need to monitor himself. How can theoretical constructs lead to this constriction or liberation of self? Person-centred corner stone is the self actualising tendency and authenticity but paradoxically the self seems to feel more free to self actualize and be authentic with CBT. Is this about that when we label the experience, than the actual experience in itself changes? Therefore, as CBT does not theorise self actualization and authenticity, maybe it does allow the experience behind those constructs to actually be in its row form?
	103. Okay.	
Reflecting on and controlling the being changes the experience Labelling authenticity it reduces it	*104.* **It almost felt a bit more *boundaried* *because you're working more with your person, so you've got to be more aware of that. Whereas in CBT I felt like focus on the techniques and the things you're doing, you didn't have to worry ... I don't know, like making a joke about something. Whereas with person centred you feel a bit more careful about that sort of thing.***	With person-centred you are working more with your person. How can you not work with your own person? Who are you if not yourself? Do you use different parts of self depending on the approach? With CBT you are more focused on what you do and you can be more spontaneous. It seems that when the self doesn't think about its existence and concentrates on other things, it can be more authentic. With person-centred you feel more careful about being spontaneous. It seems that when the self is required to think about

		itself, it becomes less authentic.
	105. And you said the structure made you feel free or liberated?	
Consciously monitoring the self kills its spontaneity	***106. A bit freer, yeah, to not be sort of thinking so much about how I am. So to be a bit more sort of ...***	Is the self performing when it is required o think about how to be? Does thinking about the essence of being kill that essence?
	107. Okay.	
Good feelings about not needing to constantly monitor the self	***108. Within sort of ...not over the whole thing it did feel sort of not that liberating, but I suppose in moments not feeling as though the sort of self kind of monitoring the whole time, which was kind of nice. It can't have been that nice because I didn't sort of then go off into CBT and really focus on that.***	Not needing to self monitoring the whole time feels nice. Rationally reflects on what he just said and kind of denies it.
	109. Mmm. That's interesting that having a structure makes you feel more free than actually the person centred where…	
	110. I think, yeah ...	
	111. you're meant to be yourself… it's quite interesting!	
Fear of failure as demanding	***112. Yeah, well I don't know… I suppose in the person centred you're so focussed on the other person. There's something about sort of doing ... being ... doing person-centred work in a very sort of rigorous way that's quite kind of demanding or something. In some ways, in moments at least, CBT felt less demanding… until I started worrying***	In person centred approach you are also focussed on the other person and this is demanding. CBT feels less demanding until he starts worrying about doing it wrong. Doing it wrong for whom? Split of self: Personal self and social self? Or possible selves?

	about doing it wrong again!	
	113. Mmm. So you feel that with CBT you didn't have much the need to focus on the client?	
Performance anxiety as overwhelming Focus on doing protects from high involvement with the client	*114.* ***I think it feels less. It does to me feel less focussed on the client, maybe because of my anxiety about doing it right. But you're focussing on what you're doing. It's like you've got shared tasks together. So you're both focussing on doing the shared task. Whereas in person centred you're focussing on the person, which felt a bit more intense.***	Performance anxiety makes him less focussed on the client. More focussed on the task. Shared focus on the task. Is the task an excuse not to get involved in an emotionally charged relationship with the client? In person centred you focus on the person and this feels more intense. Is CBT a cop-out for anxiety of closeness with the client?
	115. Mmm. So CBT feels less intense in terms of relating to the other?	
	116. Yeah, in terms of ... yeah exactly yeah, I think so.	
	117. So it takes away some pressure from you.	
CBT takes away personal pressure but increases social pressure	***118. Yeah, a certain sort of pressure I think, yeah. There's other pressures associated with it.***	CBT takes away personal pressure but increases social pressure?
	119. Yeah.	
CBT reduces relational pressure	***120. But a certain sort of umm relational pressure. It's not so much there in CBT. Yeah, that kind of captures it well I think.***	In CBT there is no relational pressure. There's no relational pressure because the self can be more authentic and spontaneous (see above)?

	121. It seems that the anxiety's more about performing right or wrong.	
Self as performing Sense of being constantly watched	***122. Exactly, yeah, with some imagined you know supervisor watching - you're not doing it right!- that sort of pressure from CBT.***	Is it really about CBT or is the pressure because of the system's expectations of him performing something with the client? Who is the imagined supervisor? Sense of being watched: self as performing? Performing for whom?
	123. Okay. Interesting. And ah, what percentage or proportion of your clinical practice is taken up with practising CBT?	
	124. Now?	
	125. Mmm yeah.	
Theoretical language as necessary to define experience Self as changing depending on the approach used?	***126. It's really difficult to say, I think. I think particularly in secondary umm ... in secondary care. Coz I think - and I know people who've gone through CBT training in this sort of role - and it's very rare to do CBT in a very kind of pure form I think. I don't know. I don't think anyone ... I don't think I know of anyone in this role who would say that they do do that. They draw on different things. So even seeing one client, you can say I'm doing CBT here. I certainly draw on CBT stuff.*** *127.* ***Umm, like I've had a spate of agoraphobic people and just using graded exposure stuff, just that kind of model of working I think is simple, but extremely powerful and very valuable, in that people get a hold of it easily and use it. I don't know. It's very difficult to answer that question I think really. It's sort of there in a lot of my work I***	It is not possible to do CBT in its pure form. Even CBT therapists draw on different things. If with CBT the self can be authentic, why does it need to draw on different things? Is it that the self draws own different languages (from other approaches) to define an experience which actually also happens in CBT but it doesn't have the language to be expressed? And when the experience gets labelled it changes and becomes less authentic? Is it that because CBT doesn't define relational stuff as much

	think, particularly graded exposure, umm but I don't know how much. It's probably less than 50 ... it would be less than 50 per cent.	that is maybe the approach in which the self is the most authentic? Hard to distinguish what percentage of CBT is in his work. Can you really separate the therapeutic approaches? Can the therapeutic approaches change the self? Or is the self that feels compelled to perform when rationally thinking of working in a particular approach?
	128. Okay. And umm, in terms of training, well you said you trained at (). So you had a module in CBT?	
	129. Yeah.	
	130. Is that the only training you've done for this ... in CBT?	
	131. In CBT?	
	132. Yeah.	
	133. Ah yeah, yeah, it is actually.	
	134. And umm, do you feel that this module on CBT has moulded your way of being as a professional? Has it changed anything for you when you undertook the module or you started getting in touch with CBT or ...	
Practice of CBT reduces anxiety around it	*135.* ***I suppose it ... going through that process of feeling quite anxious about it. That would be the thing that probably moulded me most because if I didn't have to do that, I think there would have***	Doing CBT relieved some anxiety around it. He seemed to be talking about graded

What works for you works for the client?	***been something I would have possibly avoided. But actually doing it, it kind of makes it okay I think.***	exposure on himself (technique that he uses with his clients-see above). Is that what works for you can work for the client as well?
	136. You mean you would have avoided getting into CBT?	
	137. ***I don't know, doing CBT perhaps. Because obviously that wouldn't have been an option because I was training as a counselling psychologist. But it was something about doing it being important. So it's made it ... it's shifted my relationship with CBT, if you like. It's made it something that I kind of feel okay about and I kind of ... I don't know. I like the ah ... the sort of broader philosophy of CBT quite a bit. And just because it's something that is quite easy to sort of get a basic understanding in for clients. I think that's really important. Umm so yeah, I guess just being exposed to it and doing more and applying it to therapy umm, made me feel a bit easier with it as I say, for some reason at the beginning, I felt quite anxious about it.***	The practice of CBT shifted his relationship with it. He seemed to be talking about graded exposure on himself (technique that he uses with his clients-see above). Is that what works for you can work for the client as well? He likes the broader philosophy of CBT and the fact that it is easy to get a basic understanding in for the client. Being exposed to CBT reduced the anxiety around it.
	138. So you feel the training has impacted ...	
	139. Yeah.	
	140. ... on your way you see yourself as a professional, or you started seeing yourself at that time?	
Labelling the experience changes it	***141. Yeah. Well I suppose it also made me think of somebody who does CBT, in that straightforward sort of way, or someone who ... I***	He doesn't see himself as a CBT therapist but as somebody who uses CBT in an integrative way. Importance of self-definition

Naming professional rules changes the experience of the self	***wouldn't see myself as a CBT therapist, but I see myself as a therapist who uses CBT, yeah, in an integrative way.***	of self. How labelling yourself in one way or another changes the experience? Does the experience really change with the labels or the labels make the experience? Or is it only the language to define the experiences that changes?
	142. So you couldn't define yourself as a CBT therapist ...	
	143. I don't think I would, no.	
	144. How would it feel to think that?	
	145. What, if I thought I was that?	
	146. Yeah.	
Split of self	***147. It wouldn't kind of fit with all the other stuff. And it wouldn't fit with my kind of career so far. I think it would be a weird jump.*** 148. ***I'm about to start training in interpersonal psychotherapy which I feel a bit similarly about. I feel quite anxious about this being something that doesn't quite feel as though it fits congruently with what I believe about therapy. But I'm interested to kind of see how it fits. So it's sort of quite similar to how I feel about CBT. But I wouldn't want to see myself as an interpersonal psychotherapist under that sort of brand name.***	Split of self. Are the concepts of CBT and other therapies that don't fit or is the internal experience of them? Or are the concepts the actual experience? Self as constrained when boxed in a certain label?
	149. Right, okay. And yeah even though you said you don't always use CBT, or you use bits of that, could you describe your perception of what typically happens with your clients in the consulting room when	

	you work with CBT, if it's possible to generalise it in some way. What does the session consist of? What do you do with the client? Something like that.	
Performance anxiety Sense of not being good enough CBT as open and transparent	***150. Right okay, so the actual stuff. Well yeah, I suppose we look at assessing and formulating in the first instance in terms of thoughts and beliefs and the behaviour. I don't know. There's various different ways of approaching it, aren't there? Mapping out a bit of a kind of the history of probably the predisposing factors, precipitating things, and things that kind of maintain it, and just developing that understanding in very cognitive ... yeah normally cognitive terms.*** ***151. I mean then the behavioural bit comes from thinking about the cognitive difficulties that might manifest behaviourally as well, drawing out from there.*** ***152. And then thinking about what sort of behavioural experiments then might be useful umm, to help shift, or alter some of the underlying beliefs.*** ***153. Umm yeah, this is a scenario where I feel like I don't quite do it right. I'm not sort of structured enough. But it's more about kind of bringing it ... it's formulating in that way, sharing that formulation with the client. That's not a sort of hidden thing that I'm working from, but actually that would be very much shared with the client and the rationale explained. That's something I like about CBT actually, that it can be very open. It's all sort of there on the table.*** *154.* ***Umm, and then planning with the person around what sort of ... what behaviours they need***	Performance anxiety. He is not structured enough. How do you measure when you are structured enough? What parameters do you use to measure that? Importance of sharing the formulation with the client. He likes that CBT is very open and transparent. Is he talking about CBT being open or about the self being more authentic (see above).

	... what they need to do outside of the session, what they feel that they can do. Like graded exposure again, being the thing that I find I use most often, and planning steps and what they feel they can manage to do. And also then maybe having a form to monitor anxiety and describe the situation and all that sort of thing and then bring that back to the next session and review and keep working through.	
	155. Mmm. Some homework.	
	156. Yeah, normally in the form of ... I suppose initially it might be in the form of recording stuff. But I suppose as we get into therapy proper, it's about doing things and then recording as well, but really kind of ... the key thing I think is them doing stuff a bit differently, like trying to go out.	
	157. Behavioural experiments.	
	158. Yeah exactly.	
	159. How does it feel to do these kind of things?	
Practice as reducing anxiety Self as patronising with CBT Theoretical constructs and professional rules change the experience of the self Self perception of being antagonistic	***160. It's felt easier and easier in a way, I think. I don't know. Sometimes it does feel a bit like you're kind of pushing quite a bit. It's hard to get ... I suppose all you can do is say this is what ... this is the treatment, this is what you should do if you want to move forward. But you can't make the person do it, and then quite often people don't do it. One guy who didn't for over a year, didn't do the stuff that me and ... the two of us working with ... We were saying he needed to do if he wanted to start to get over this thing. He wouldn't do it. So it***	CBT gets easier with practice. He feels pushy sometimes with CBT. You can't make the person do the tasks. He feels that he can get to be antagonistic with CBT. Is he talking about power struggle with the client? Does CBT give the self some sense of power?

CBT as a battle field for therapist and client's power struggle Power struggle with the client with CBT Theoretical approaches as safety nets when self is lost CBT as scapegoat for therapist's sense of powerlessness	***does feel as though you can get into a bit of an antagonistic thing. And then well ... antagonistic's the wrong word. But you're trying to push someone to do something which they don't feel able to do.*** *161.* ***And in that case I had to then step into more intensive exploratory therapy to understand what the blocks where. So I had to step outside of the CBT model, it felt like. Well, that's what we did and it seems to be helping to shift things.***	He steps into other models when CBT doesn't work. Is he blaming CBT instead of blaming himself? Does CBT help to hide sense of not being adequate? Is CBT the scapegoat for therapist's sense of powerlessness?
	162. Mmm. So you sort of work integratively ...	
	163. Yeah, it felt like I had to. Again I think this is a secondary-care thing, because if you try and do straightforward CBT it always becomes more complicated, hard to sort of contain within the pure kind of CBT model actually.	Does he use other approaches as fire exits when he feels he doesn't know what to do?
	164. You mentioned the word 'antagonistic' ...	
	165. Yeah, I don't know if I meant to.	
	166. No, I know what you mean, but could you just explain a bit.	
CBT as a cover up for therapist's need of power?	*167.* ***I suppose it was like ... it felt a bit like going, "you've got to do this" and "I don't wanna do that". "If you want to get better you've got to do it". It felt like you could get into that. I suppose it did feel like that with this person, and it did feel like he was just going, "there's no way, I can't do***	Power struggle between therapist and client with CBT. Is CBT patronising or is the therapist that is patronising and needs CBT to justify it?

	that". You know like ... and there's almost the thing you could say: "well if you're not gonna do it, we can't help you", sort of thing. But it feels like then you have to think about it a bit differently.	
	168. It's a bit of a battle ...	
CBT as a battle field for therapist and client's power struggle Frustration for not getting results	*169.* ***Yeah. There was a risk of getting into that… which I don't know ... which I think can be a feature of CBT actually coz… it replicated an internal battle of his between his quite rational side and his emotional side. And sometimes you just can't…you can't rationalise feelings away. You can't say, "this doesn't make sense. I'm not going to collapse" and that sort of thing, so I'll just do it. He couldn't do that. And I suppose I have a lot of sympathy with that because I don't believe you can always do that. But it's very frustrating when you're trying to ...***	Risk of getting into a battle with the client with CBT. Uses CBT language to describe something about the client. It's frustrating when you are trying to push the client. Anxiety of performance?
	170. Yes.	
	171. ... both for us and for him.	
	172. Mmm. Okay. So I guess we touched on this but if you wanna say something more about how do you experience yourself when you work with CBT?	
Performance anxiety with CBT	***173. Mmm - with the anxiety. I mean the anxiety about doing it wrong is still ...***	Performance anxiety with CBT
	174. Still there.	
Critical self Tension between personal and	***175. ... still definitely there. And yeah, I don't think ... yeah, I imagine what I do doesn't look like CBT most of the time, actually. And, as I say, most***	What he does doesn't look like CBT. Critical self.

social self Performance anxiety CBT as rigid Sense of being continuously watched and judged	***of the time it isn't pure CBT. But it's definitely informed by CBT, the bits of CBT which I find really useful. So yeah, I'm always in this sort of tension between thinking, well, this is helpful and this is what we need here, but also I'm not sort of doing it right, kind of thing.*** *176.* ***And that's partly ... CBT ... it seems like it's always been ... it's always wanted to research and demonstrate its evidence, sort of thing. And when the focus ... I mean of course that's important, but I think when the focus is on that, you have to have a sort of standardised way of doing it in order to research and show, like, outcome trials. You've got to have it fairly standardised. So then the thing that's shown to be effective is if you do it the standardised way. So in that sense there does become a right way of doing it. And if you do CBT and say, well it didn't seem to have worked, there's always the sense that someone could say, well you weren't doing it the way that this bit of research suggests you need to do it, and that's why it didn't work, if that makes sense.***	Tension between personal and social self. Social self as performance: to whom does he need to show that he is doing it right? If he knows that what he does is good for the client what does make it not right? External locus of control? CBT is based on research and so it needs to be done in a standardised way, which makes it right or wrong. Sense of being watched all the time: internal supervisor questioning the quality of his CBT work (like above). Strong influence of social self.
	177. Okay, yes.	
Personal beliefs clashing with society beliefs	***178. Which I think that ... I don't know. I find that reasoning very dubious actually. I think it would be due to other factors like, I suppose, more about sort of relational factors and things about me as a therapist and my relationship with the client. If something hasn't worked, I think it's more about that, not that I didn't get them to fill out a mood diary or something.***	Self-questioning. He believes that relational factors have more influence on the outcome than the techniques utilised. Personal beliefs clashing with society beliefs. Importance of context as it makes the self questioning itself. Did he training influence his beliefs?

	179. Oh right. So there is a bit of a tension between what the system requires and the evidence base and your relationship with the client.	
Struggle between applying techniques and therapeutic relationship Centrality of therapeutic relationship Importance of what you believe	***180. Yeah. I think you get too focused on the techniques and what you're meant to do, and lose the relationship, which I believe is more important. And I think if you look in the right areas of research, there's lots of research to support that view as well. But there's lots of research to say that if you do it this way then it'll work. You can take your pick, really, as to which you believe, I think.***	If you focus on the techniques you lose the relationship. He beliefs that the relationship is more important. Centrality of own beliefs.
	181. Yeah. So you find yourself thinking about this stuff a lot when you are in the session with a client?	
	182. Not particularly in the session, I suppose I don't think about that. It's more sort of outside that I think about having tried to do CBT, or when I'm looking at research and things, yeah.	
	183. So how do you feel in the session emotionally, mentally? How do you see yourself in the moment?	
	184. When doing CBT?	
	185. Yes, doing CBT.	
Shift in feelings when using CBT Good outcome increases self-esteem Fear of failure	***186. I don't know. It shifts, this sort of feeling of anxiety at times. But then I suppose the more positive times when I'm sort of engaged with the client, it feels really sort of productive or something. Umm when again, that's sort of when I think the client has grasped the rationale and***	In the session with client he shifts from anxiety to satisfaction when the client grasps it and it feels productive. Does the self-esteem increase when the client grasps CBT? So is the anxiety about

Self as needing CBT to manage its tensions Self questioning as barrier between therapist and client Fear of failure as dominating the self	***they're able to sort of run with it a bit and that feels really productive.*** ***187. And it's that thing ... I suppose it's the positive bit of having a shared task that when you feel like you've really laid out the task in such a way that it's understood and you're working on it together, then that's really good, I think. So that's very ... that's rewarding. I don't know... there's sort of two ends and I was thinking in-between, between feeling anxious and quite sort of pleased and productive.*** *188.* ***I don't know. There's all sorts of levels of sort of discomfort in-between feeling when I'm doing some CBT and more sort of integrating it into other things. Does that affect? Does it make sense? That sort of thing. It feels like that. It feels like quite hard work sometimes. And again also detracts from the relationship perhaps.***	fear of failure? Self in between feeling anxious and pleased and productive. Is it again the fear of failure (anxiety) and the increase of self-esteem (pleased and productive) when it works? So is it CBT that creates this tension or is it the self that uses CBT as scapegoat of its own human tensions? There are different levels of discomfort between feelings in CBT sessions. Tiring self-questioning during CBT sessions and this takes you away from the relationship. Is the self-questioning for the care of the client or to avoid failure for self and others?
	189. Mmm. At the beginning I asked you something about your sense of professional identity.	
	190. Mmm hmm.	
	191. And do you have any further thoughts now about how working with CBT impacts upon how you experience yourself as a counselling psychologist?	
Self as an outsider	***192. Umm, yeah I have one further thought. My Masters I did was about the identity of counselling psychologists and I came up with the idea of sort of the counselling psychologist being a bit of a sort of a ... well the word used was kind of maverick profession, a bit outside of the***	Counselling Psychology seems o of the main stream. Self as on outsider? Sense of being in or out the social system? Discomfort of feeling out?

CBT as an entity Fear of failure overlaps with fear of being rejected by the mainstream Antagonistic relationship with CBT CBT as a container of negative feelings against society CBT as authoritative and inflexible CBT as a critical parent CBT as a container of anger against the system imposing it	***mainstream, kind of thing.*** ***193. And I guess talking about CBT and how I relate to CBT as some sort of entity makes me feel that again, it's like ... that's the sort of mainstream which I feel like I don't really want to be a part of, kind of thing. I don't want to do pure CBT. It don't think I could, and I don't know quite what pure CBT would be.*** ***194. Umm, so I feel, yeah ... I feel sort of antagonistic again. There's an antagonistic relationship with CBT, actually. That there are things about it which I think are great and really, really valuable. But there's something about how I perceive it as a ... I don't know ... as some sort of 'being' that I find really hard to get on with, actually.*** *195.* ***There's something a bit ... and this ... I mean, this must be quite sort of personal stuff, I suppose, about how I relate to it. But there's something about being rather ... feeling very authoritative and inflexible, or something, which ... it's quite sort of personal stuff, I think. Because that's my perception of it and it doesn't have to be like that. But, I guess when you project things like that on to something, there are gonna be hooks. There are gonna be features of that thing that do correspond to that. And I think there are aspects of CBT that can be like that. And it, as opposed to other approaches to therapy, is the one that seems the authoritative, rigid ... compared to other approaches, I think.***	He relates to CBT as some sort of entity. He feels out of the main stream and doesn't want to be part of it. Is it about rejecting the mainstream and CBT first before they find out that he isn't good enough and reject him? Is the resistance to CBT a defence against the anxiety of rejection (from society)? Does the fear of failure relates to fear of being rejected? Importance of social phenomena of being in or out the mainstream. Is he trying to rebel to his critical parent (society)? Antagonistic relationship with CBT. Personal view of CBT as a "being" which is hard to get on with. How can CBT be a being? Who does CBT represent? What does he project into CBT? Is CBT a container of frustration and negative feelings which would be otherwise directed to the society imposing it? Is it easier to be antagonistic with CBT (which represent society and so a critical parent) that doesn't respond, than actually facing the system who imposes CBT? Personal perception of CBT as authoritative and inflexible. Self reflects on itself: "it's personal stuff…it doesn't have to be like that". CBT as a critical parent. Is it really CBT the critical parent or the system imposing it? Anger against the system

		projected onto CBT? He takes responsibility for his part in the relationship with CBT but recognises that CBT has got its part too. Contradict what he said above about person centred being inflexible.
	196. So that's how you perceive it personally?	
	197. Yeah. Well, but I do catch myself and think, well, actually that is my perception, and I have to be careful about thinking that's what it is, that's how it is. So I kind of have to continually work with that ,I think. But yes, that's my experience ...	There seems to be a sort of CBT language ingrained in his speech (the differentiation between fact and opinion). So is he resisting it but he is actually in it?
	198. Yeah of course.	
Split: CP as good, CBT as bad CP as the permissive parent CBT as the critical and strict parent Self as a rebellious adolescent	***199. And I guess that kind of contrasts ... that clashes with lots of the stuff I value about counselling psychology, actually, which I see as providing something which isn't authoritarian and telling people what to do and all those sorts of things. Yeah, which is ... I feel like CBT is something that tells me what to do, you know.***	Split: all the good is in Counselling Psychology and all the bad is in CBT. Sense of triangulation. CP as the good and more permissive parent and CBT as the authoritarian parent. Self as regressed to a child-like state in which it needs to rebel to the parent that imposes rules and idealise the more flexible parent.
	200. Mmm. So that's also what you feel you do with the clients then, telling them ...	
Rebellion against CBT as a defence against not feeling good enough for it?	***201. I think I struggle to do that with the clients, and that's probably where I feel like I'm not doing it right. Although again, of course that's not what***	He struggles with being told what to do and then feels guilty for not doing it right? Is the rebellion a way of avoiding facing the sense

	CBT's meant to be. But I sort of feel like I would be able to say. "well now we do this, and now you know, you should be doing this, and now you should be doing this and that". That would be kind of the effect of CBT. But it doesn't ... that's not right, it's not quite right. Yeah.	of not being good enough with CBT (I reject you before you reject me because I'm not good enough). Sense of inadequacy in respect to CBT?
	202. Mmm hmm. So does CBT enhance or diminish your sense of professional identity, or is it insignificant or neutral?	
Mixed feelings about CBT	***203. I don't think ... it's not insignificant, but I don't think it does either of those things. It's more neutral, but that's about a sort of ... I suppose that's about a sort of active engagement with CBT. And umm, thinking about how I relate to it personally, thinking about how I use it as a therapist. And, as I say, there's very positive things about it, but there are things which I find very difficult. So I think sort of ... I don't know. Well, overall, it's a positive thing, I guess, but I just have to manage my sort of more negative feelings about it and the things that I feel I struggle to use.*** *204.* ***Umm, I don't know... So you asked in terms of my professional identity, does it feel positive or negative?***	Contradicts himself: does this indicate an internal tension between love and hate of CBT? Is he saying that he actually likes it but needs to cope with the fear of failure in doing it?
	205. Well yeah, if it does enhance or diminish your sense of being a professional.	
	206. Of being a professional or ...	
	207. Yeah being this particular kind of professional ...	

	208. Oh right.	
	209. ... a counselling psychologist.	
The problem is about how CBT is used	***210. Yeah no, I think that's right. I think it's kind of neutral and I think it's about how I use CBT. But it's a bit of a struggle.***	Doesn't acknowledge CBT affecting his sense of professional identity. How can a struggle not affect professional identity? Being in a struggle make the self questioning its being, so how can his identity not being affected? Is he also recognising that CBT is an instrument and not a thing?
	211. Of a struggle.	
	212. Yeah.	
	213. Ah ha. A bit of mixed feelings about it. Some negative feelings, and positive in the sense that you find it useful in a way. And the system requires that, but on the other hand you need to manage your view.	
System as critical parent Self as a rebellious adolescent Need to affirm identity Self needs to preserve uniqueness	***214. Yeah. I suppose it does feel as though the way that CBT's taken up by the system with IAPT and everything, umm that could diminish my sense of being ... of professional identity as a counselling psychologist. If it came ... if the sort of organisation said that everyone was having to do CBT, I think that would be ... I don't know. There wouldn't be any point in being a counselling psychologist then, if we all become CBT therapists. And I think that would be terrible.***	Now he is more openly criticising the system imposing CBT instead of criticising CBT in itself. System as a critical parent and he as an adolescent who wants to say "no" and develop own identity. Need to preserve uniqueness? Adolescence rebellion?

	215. The IAPT? Working in an IAPT team?	
Need to affirm identity System as killing professional identity CBT as a container of negative feelings against society	***216. Yeah. So I think it's really important that counselling psychology is counselling psychology and not just you know a sort of slight variant of CBT therapists. Umm, but that's not CBT. That's how it's used by NHS Trusts and IAPT, now it's 'rolled out' I think and asserted as, I don't know, the best treatment or whatever.***	Completely open criticism towards the system as a critical and authoritative parent imposing own rules.
	217. Yeah.	
Fear of being swamped by the system	*218.* ***Which it has felt like at times with IAPT, and hearing Lord Layard talking on the radio in strange ways ... But actually, there's a kind of a second wave of IAPT now and other therapies coming in, and acknowledgement that there are other approaches. So I'm hopeful that CBT won't sort of swamp us all.***	Fear of being swamped by CBT. Does he mean the system?
	219. Yeah. But in here it's not IAPT ...	
	220. No it's not IATP.	
	221. ... so you're able to sort of do more, be more flexible ...	
	222. Yeah. In here, I think absolutely, we have to be more flexible because people with severe and enduring mental health problems, they're almost ... everyone is too kind of complex to get into ... IAPT-type CBT. And in fact that's ... I mean IAPT look at people and send them on to us because they don't ... they can't work with them.	Sense of superiority in respect to IAPT. Defence against feeling of not being good enough for IAPT?

	223. Okay. Umm, if you have anything else to add you can, but I've sort of finished my questions.	
Self as struggling in the relationship with CBT	***224. Okay. Yeah, I don't think I have. It's interesting to talk about it a bit, yeah. And it's why I was interested in doing the interview, because I'm aware ... I feel aware of the sort of struggle of my relationship with CBT. It's a bit antagonistic.***	Self as struggling. Repeats that he has an antagonistic relationship with CBT, emphasising meaning.
	225. Right.	
	226. So yeah, no it's interesting to talk about it.	
	227. Yeah, interesting to hear about it as well. Yes, okay. Well I guess yeah we can ...	
	228. *Yeah ...*	
	229. Thank you.	

Appendix C:
IPA Analysis Step 4 – Searching for Connections across Themes

THEME 1: Psychological consequences of CBT included in clinical practice

- Sense of lacking something
- Self as freer and more authentic and spontaneous with CBT
- Performance anxiety as overwhelming
- Focus on doing protects from high involvement with the client
- Sense of being constantly watched
- CBT as a battle field for therapist and client's power struggle
- Struggle between applying techniques and therapeutic relationship
- Good outcome increases self-esteem
- Fear of failure as dominating the self
- CBT as a container of negative feelings against society
- CBT as the critical and strict parent
- Self as struggling in the relationship with CBT

THEME 2: Components of professional identity

- Theoretical language as ingrained in lived experience
- Primary importance of subjectivity
- Previous experience as shaping self
- Profession needs to be integrated into personal beliefs
- Importance of training for sense of self-efficacy
- Central importance of the therapeutic relationship

- Theoretical constructs and identity as overlapping
- Profession's values as becoming embodied in identity
- Different professional rules correspond to different experiences
- Consciously monitoring the self kills its spontaneity
- Theoretical approaches as safety nets when self is lost
- Split: CP as good, CBT as bad

THEME 3: Social pressure

- Need to defend own identity
- Concern with others' view of self
- Need to fight to affirm identity
- Pressure to conform to society
- Fear of not progressing if not complying
- Self as critical when does not conform
- Self as an outsider
- Self as a rebellious adolescent
- System as critical parent
- Self needs to preserve uniqueness

Appendix D:
IPA Analysis Step 4 – Final Table of Themes

Themes	Paragraph	Key Words
THEME 1: PSYCHOLOGICAL CONSEQUENCES OF CBT INCLUDED IN CLINICAL PRACTICE		
1. Sense of lacking something	65	*"So I suppose I'm aware of where I might be perceived to be lacking certain things".*
2. Self as freer and more authentic and spontaneous with CBT	102	*"But then actually doing it, in an odd way it felt like the structure of it was kind of a bit liberating actually, a bit freer to be yourself than in a person-centred way, in which you're actually having to kind of monitor and watch how you are".*
3. Performance anxiety as overwhelming	114	*"It does to me feel less focussed on the client, maybe because of my anxiety about doing it right".*
4. Focus on doing protects from high involvement with the client	114	*"So you're both focussing on doing the shared task. Whereas in person centred you're focussing on the person, which felt a bit more intense".*
5. Sense of being constantly watched	122	*"…with some imagined you know supervisor watching - you're not doing it right!- that sort of pressure from CBT".*
6. CBT as a battle field for therapist and client's power struggle	160	*"So it does feel as though you can get into a bit of an antagonistic thing…. you're trying to push someone to do something which they don't feel able to do".*
7. Struggle between applying techniques and therapeutic relationship	180	*"I think you get too focused on the techniques and what you're meant to do, and lose the relationship, which I believe is more important".*
8. Good outcome increases self-esteem	186	*"It shifts, this sort of feeling of anxiety at times. But then I suppose the more positive times when I'm sort of engaged with the client, it feels really sort of productive or something".*
9. Fear of failure as dominating the self	188	*"There's all sorts of levels of sort of discomfort in-between feeling when*

		I'm doing some CBT …Does that affect? Does it make sense? That sort of thing. It feels like that. It feels like quite hard work sometimes. And again also detracts from the relationship perhaps".
10. CBT as a container of negative feelings against society	216	*"…but that's not CBT. That's how it's used by NHS Trusts and IAPT, now it's 'rolled out' I think and asserted as, I don't know, the best treatment or whatever".*
11. CBT as the critical and strict parent	199	*"... I feel like CBT is something that tells me what to do, you know".*
12. Self as struggling in the relationship with CBT	224	*"... I feel aware of the sort of struggle of my relationship with CBT. It's a bit antagonistic".*

Themes	Paragraph	Key Words
THEME 2: COMPONENTS OF PROFESSIONAL IDENTITY		
1. Theoretical language as ingrained in lived experience	55	*"I suppose I was thinking about that sort of idea of respecting people's subjectivity and that sort of thing".*
2. Primary importance of subjectivity	57	*"I think that's what kind of drew me into counselling psychology in the first place coz it seemed it did place a lot of emphasis on that".*
3. Previous experience as shaping self	57	*"…I'd been an assistant clinical psychologist…It was a very behavioural approach. And the behavioural approach doesn't even acknowledge other people's subjectivity, or one's own subjectivity, which seemed just rather bizarre to me. So I was seeking something that would acknowledge that".*
4. Profession needs to be integrated into personal beliefs	59	*"… I guess it fitted with my beliefs quite well, the focus on subjectivity. So that is sort of ... it was easy to kind of integrate counselling psychology".*
5. Importance of training for sense of self-efficacy	65	*"…when someone asks you to do something which I don't really do, such as a second opinion on a diagnosis which doesn't really fit in with the humanistic call for counselling psychology, or to do psychometrics, which I have a less of a problem with, but I just don't have the training to do. I mean, it wasn't part of the training. If I was trained in it, it'd be alright, but I'm not".*

6. Central importance of the therapeutic relationship	66	*"…where I try and assert the sort of positive aspects is about focusing on the relationship as a way of working and how central that is to the work".*
7. Theoretical constructs and identity as overlapping	67	*"Having a room, having it regularly available at the same time and all those things which promote a safe sort of attachment base, you know, and safe boundaries. I feel like I ... I don't know, I hold them as more important than certainly the management group here".*
8. Profession's values as becoming embodied in identity	83	*"…stand up for the values that the profession embodies".*
9. Different professional rules correspond to different experiences	88	*"There's lots of other aspects to the job as well. I mean being a supervisor as well, that sort of ... it's quite similar but a bit different as well. It's more a sort of educative element to it and a managerial bit".*
10. Consciously monitoring the self kills its spontaneity	106	*"A bit freer, yeah, to not be sort of thinking so much about how I am. So to be a bit more sort of ..".*
11. Theoretical approaches as safety nets when self is lost	161	*"…in that case I had to then step into more intensive exploratory therapy to understand what the blocks where. So I had to step outside of the CBT model, it felt like".*
12. Split: CP as good, CBT as bad	199	*"And I guess that kind of contrasts ... that clashes with lots of the stuff I value about counselling psychology, actually, which I see as providing something which isn't authoritarian and telling people what to do and all those sorts of things. Yeah, which is ... I feel like CBT is something that tells me what to do, you know".*

Themes	Paragraph	*Key Words*
THEME 3: SOCIAL PRESSURE		
1. Need to defend own identity	64	*"... it felt important to say, I'm not a clinical psychologist actually. So it did feel important to assert a different professional identity".*
2. Need to fight to affirm identity	66	*"So stressing the importance of the relationship I think is vital, and something counselling psychologists can bring. And I've had experience of continually trying to push that".*
3. Pressure to conform to society	75	*"I have felt at times that my experience could push me more towards*

		feeling like a clinical psychologist and feeling not sure about what the distinctions are. I know there's counselling psychologists around who want to be clinical psychologists basically".
4. Fear of not progressing if not complying	75	*"I don't know, whether sort of like just doggedly holding on to this identity if you sort of, I don't know, damage your prospects of progressing in an NHS setting. I don't know".*
5. Self as critical when does not conform	77	*"To insist that I'm a counselling psychologist and I don't do those things and is that gonna make you sort of perceived as rather awkward and actually not doing stuff that your employer wants you to do. So it would be fair enough for them to say, well this person's a bit awkward".*
6. Self as an outsider	192	*"counselling psychologist being a bit of a sort of a ... well the word used was kind of maverick profession, a bit outside of the mainstream, kind of thing".*
7. System as critical parent	214	*"I suppose it does feel as though the way that CBT's taken up by the system with IAPT and everything, umm that could diminish my sense of being ... of professional identity as a counselling psychologist".*
8. Self needs to preserve uniqueness	214	*"... if the sort of organisation said that everyone was having to do CBT, I think that would be ... I don't know. There wouldn't be any point in being a counselling psychologist then, if we all become CBT therapists. And I think that would be terrible".*

Appendix E:
Letter of Invitation

Research project

The impact of the experience of working with CBT on counselling psychologists' professional identity

Adult volunteers are invited to take part in a research study at the School of Human and Life Sciences, Roehampton University. Taking part in this research is entirely voluntary. You may choose not to take part, or you may withdraw from the study at any time. Before you decide to participate or not, please take as much time as you need to ask any questions.

Brief Description of Research Project

The aim of this study is to investigate whether counselling psychologists' experience of their professional identity could be influenced by their experience of practicing CBT.

The study presupposes that participants will have some clear sense of the nature and definition of c*ounselling psychology* as a practice, and also of their own experienced sense of *professional identity* in relation to their understanding of Counselling Psychology. For the purposes of this study, c*ounselling psychology* and *professional identity* are defined as follows:

The British Psychological Society (2000) states that ***counselling psychology*** is a profession which seeks to: "engage with subjectivity and intersubjectivity, values and feelings … to know empathically and respect first person accounts as valid in their own terms…and… to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing".

The term ***professional identity*** refers to practitioners' felt experience of coherence in "who they are" in their work with clients, enabling them normally to feel satisfied and competent on a personal and professional level.

From these basic definitions, I will then be asking participants to explore how, if at all, their experience of working with CBT might have influenced, or even helped to *define*, their sense of their own professional identity in any way.

This Project will be carried out under the supervision of Professor Changiz Mohiyeddini and Dr Richard House at the School of Human and Life Sciences, Roehampton University. It has been approved by Roehampton University's Ethics Board.

You will be asked to undertake a semi-structured interview lasting about 60 minutes, which will contain several open-ended questions. The interview will be audio-taped. All information obtained from the interview will be available only to the research team and will be treated in the strictest confidence.

The number of participants for this project will be between 6 and 8.

You will be given this letter of invitation and a consent form. After the interview has taken place you will be given a debriefing form. You will be asked to write a 6-digit code (you can create a combination of letters and numbers as you wish) on the letter of invitation (which you can keep yourself). If you later withdraw from the study (at any time) you just need to give this code to the researcher so that your data can be withdrawn from the study. However, the data in an aggregate form may still be used/ published.

Benefits

Information and learning derived from this study will be used for the benefit of the professional Counselling Psychology field. The profession's knowledge base will hopefully be enhanced, so that all Counselling Psychologists can potentially benefit from it.

Thank you for considering participating in this research project.

Investigator	(signed)
Name	Valentina Mantica
Date	June 2010

If you have a concern about any aspect of your participation or any other queries, please raise it with the investigator. However, if you would like to contact an independent party, please contact the Dean of School or the Director of Studies.

Investigator Contact Details	**Director of Studies**	**Dean of School**
Valentina Mantica	Professor Changiz Mohiyeddini	*Mr Michael Barham*
School of Human & Life Sciences	School of Human & Life Sciences	*School of Human & Life Sciences*
Roehampton University	Roehampton University	Roehampton University
Whitelands College	Whitelands College	Whitelands College
Holybourne Avenue	Holybourne Avenue	Holybourne Avenue
London SW15 4JD	London SW15 4JD	London SW15 4JD
valemantica@interfree.it	C.Mohiyeddini@roehampton.ac.uk	M.Barham@roehampton.ac.uk
	Tel: 020 8392 3616	*Tel: 020 8392 3617*

Appendix F:
Participant Consent Form

ID Number:

ETHICS BOARD: PARTICIPANT CONSENT FORM

Research Project

The impact of the experience of working with CBT on Counselling Psychologists' professional identity

Description of Research Project

The aim of this study is to investigate whether counselling psychologists' experience of their professional identity could be influenced by their experience of practising CBT.

This Project will be performed under the supervision of Professor Changiz Mohiyeddini and Dr Richard House of the School of Human and Life Sciences, Roehampton University. It has been approved by Roehampton University's Ethics Board.

You will be asked to participate in a semi-structured interview lasting about 60 minutes which contains open-ended questions. The interview will be audio-taped.

All this information will be available only to the research team and will be treated in the strictest confidence.

The number of participants for this project will be between 6 and 8.

You will be given this consent form. We will ask you to write a 6 digit code (you can create a combination of letters and numbers as you wish) on the letter of invitation (which you can keep). If you later withdraw from the study (at any time) you just need to give us this code so that your data can be withdrawn from the study. However, the data may still be used or published in an aggregate form. After the interview has taken place you will be given some debriefing information and be able to ask any further questions if necessary.

Consent Statement

I agree to take part in this research, and am aware that I am free to withdraw at any point. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name …….

Signature …….

Date …….

Investigator Contact Details

Valentina Mantica
School of Human and Life Sciences
Roehampton University
Whitelands College
Holybourne Avenue
London, SW15 4JD
valemantica@interfree.it

If you have a concern about any aspect of your participation or any other queries please raise it with the investigator. However if you would like to contact an independent party, please contact the Dean of School or the Director of Studies.

Director of Studies

Professor Changiz Mohiyeddini

School of Human and Life Sciences

Roehampton University
Whitelands College
Holybourne Avenue
London SW15 4JD
C.Mohiyeddini@roehampton.ac.uk

Tel: 020 8392 3616

Dean of School

Mr Michael Barham

School of Human and Life Sciences

Roehampton University
Whitelands College
Holybourne Avenue
London SW15 4JD
M.Barham@roehampton.ac.uk

Tel: 020 8392 3617

Appendix G:
Participant Debriefing Information

ID Number:

RESEARCH PARTICIPANT DEBRIEFING

Research project

The impact of the experience of working with CBT on counselling psychologists' professional identity

Thank you very much for participating in my study.

The aim of this study is to investigate whether counselling psychologists' experience of their professional identity could be influenced by their experience of practicing CBT.

Information learnt from this study will be used for the benefit of the field of Counselling Psychology. The profession's knowledge base will hopefully be enhanced, and so all Counselling Psychologists could potentially benefit from this research.

I would like to remind you that your data are held securely and anonymously. If you wish to withdraw from the study at any time, please do not hesitate to contact us with your participant number and your data will be removed from our files. You may withdraw from the study at any time (even after completion). However, the data may still be used or published in an aggregate form.

If you have a concern about any aspect of your participation or any other queries, please raise it with the investigator. However, if you would like to contact an independent party, you are welcome to contact the Dean of School or the Director of Studies. Contact details are provided below:

Investigator Contact Details	**Director of Studies**	**Dean of School**
Valentina Mantica	Professor Changiz Mohiyeddini	*Mr Michael Barham*
School of Human & Life Sciences	School of Human & Life Sciences	*School of Human & Life Sciences*
Roehampton University Whitelands College Holybourne Avenue London SW15 4JD	Roehampton University Whitelands College Holybourne Avenue London SW15 4JD	Roehampton University Whitelands College Holybourne Avenue London SW15 4JD
valemantica@interfree.it	C.Mohiyeddini@roehampton.ac.uk	*M.Barham@roehampton.ac.uk*

Tel: 020 8392 3616 *Tel: 020 8392 3617*

Declaration

I confirm that the interview was conducted in an ethical and professional manner and that I am happy for the research to proceed using my material.

Name of participant ..... Signature ..... Date .....

Researcher ..... Signature ..... Date .....

School of Human and Life Sciences, Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD

If you find that your participation in the interview has raised any challenging or painful issues that you need to discuss or explore further, please consider contacting either your supervisor or your personal therapist where appropriate. You might also consider contacting the British Psychological Society (BPS), the UK Council for Psychotherapy (UKCP), the British Association for Counselling and Psychotherapy (BACP) or the Samaritans to find a suitable counsellor or psychotherapist, if appropriate. Their telephone numbers are supplied below:

British Psychological Society	0116 227 1314
UKCP	020 7014 9955
BACP	01455 883316
The Samaritans	01850 60 9090

Appendix H:

Ethical Approval

Da: <L.Rochard@roehampton.ac.uk> [Aggiungi alla rubrica]

A: <valemantica@interfree.it>, <manticav@roehampton.ac.uk>

Cc: <C.Mohiyeddini@roehampton.ac.uk>, <L.Slade@roehampton.ac.uk>, <Jan.Harrison@roehampton.ac.uk>

Data: 13 Lug 2010 - 16:55

Oggetto: Ethics Application - MANTICA, Valentina

Dear Valentina,

Ethics Application (research student)
Applicant: Valentina Mantica
Title: The impact of the experience of working with CBT on Counselling Psychologists' professional identity.
School: HALS

I am pleased to confirm that the above Ethics Application has been approved by Chairs Action on behalf of the Ethics Board. We do not require anything further in relation to this application.

Many thanks,

Lemady

Lemady Rochard
Research Policy Officer
Research and Business Development Office
208 Grove House, Froebel College
Roehampton University
Roehampton Lane
London
SW15 5PJ

T: +44 (0)20 8392 3256
E: L.Rochard@roehampton.ac.uk

Da: <p.lees@roehampton.ac.uk> [Aggiungi alla rubrica]
A: <valemantica@interfree.it>
Cc: <C.Mohiyeddini@roehampton.ac.uk>, <r.house@roehampton.ac.uk>, <I.Weerasekera@roehampton.ac.uk>
Data: 28 Mag 2010 - 15:13
Oggetto: re. Project Confirmation - Valentina Mantica

Dear Valentina,

Project Confirmation, Degree of PsychD Full-time, School of Human and Life Sciences

The University's Research Degrees Board held on 25/05/2010 has considered your RDB2 form. I am delighted to inform you that the Board has approved your RDB2 application, subject to your supervisors and yourself defining a timescale in which you will achieve an IELS score of 7 in all sections, before the beginning of the next academic year. Your project has now been confirmed.

[illegible] receiving ethical approval for your project from the University's Ethics Board. Ethical approval may not be required in some cases; please consult your supervisory team if you are in any doubt as to whether ethical approval is required for your project.

The details of your registration are set out below. Please check these details carefully and inform the Graduate School in writing should any amendments need to be made.

Degree: PsychD Counselling Psychology

Mode: Full-time

School: School of Human and Life Sciences

Director of Studies: Professor Changiz Mohiyeddini

Co-Supervisor(s): Dr Richard House

Title: The impact of the experience of working with CBT on Counselling Psychologists' professional identity

Your initial registration commenced on 22/09/08

You will be required to re-register each autumn. Instructions regarding re-registration will be sent to you in September of each year.

If you have any queries or require any further information, please do not hesitate to contact the Graduate School.

Best wishes

Penny

Penny Lees
Graduate School Administrator
Grove House, Froebel College
Roehampton University
Roehampton Lane
London SW15 5PJ

Telephone: +44 (0)20-8392-3031

Sent: 21 December 2010 15:40
To: Valentina Mantica

Dear Valentina,

I have just written to Ann MacLarnon to say that I have assessed your English and I am happy that you are at a level of IELTS 7 or highe

Best wishes,

Sarah

Sarah Taylor
International Foundation Certificate
and Pre-masters Certificate Convenor
English Language Unit
Department of Media, Culture and Language
QB122
Roehampton University
Roehampton Lane
London SW15 5SL
Tel: 020-8392-3038

ILETS
Fiona Churchill

Sent: 10 January 2011 09:56
To: valemantica@interfree.it; Valentina Mantica
Cc: Sarah Taylor

Dear Velentina,

I have been informed that you have now achieved the requirement of 7.5 in ILETS.
A record of this is now kept on your folder if needed in the future.
Kindest regards
Fiona

Fiona Churchill
Graduate School Officer
Richardson Building
Digby Stuart College

Appendix I:
Master Table of Superordinate Themes, Subordinate Themes and Extracts

SUPERORDINATE THEME 1: DIMENSIONS OF PROFESSIONAL IDENTITY
SUB-THEME A: Professional self as emerging from personal beliefs
Paul: *"…as a behaviourist, umm, change happens through experience. So I argue ... it's an article of faith, isn't it, that all of my experiences have gone into making me what I am? But I'm enough of an, umm, materialist… I believe that there is just material… I don't believe in the mind… There is just stuff in the universe, that's all there is".* (Paragraph: 130)
Thomas: *" So I guess I think quite fundamentally that we have to base in subjectivity - be it ours or trying to get hold of somebody else's. Coz actually there isn't ... you can't really know about anything else, that kind of thing. I guess it fitted with my beliefs quite well, the focus on subjectivity. So that is sort of ... it was easy to kind of integrate counselling psychology".* (Paragraph: 59)
Phil: *"…CBT's a title or a word, but is used differently by many different people and people mean different things by it. And I choose to focus on the ones that add cohesiveness and help me contain an identity rather than the ones which contradict it".* (Paragraph: 105)
Dean: *"There isn't the same sort of evidence in psychodynamic. That doesn't mean to say it doesn't work, but it isn't the same. It doesn't have the same evidence base because it is so much more difficult to actually do research in it than it is if you go down, say, the CBT path. And, you know, some people are comfortable with that and others aren't, and it reflects partly how you are. And I'm very much into if there isn't any evidence for it, then I won't believe it, kind of thing. And some other people are quite happy to take the basics essentially on faith, if you like, and build up from that, which I personally find I can't do. Some people can. Good luck to them, but I can't. Yeah? "* (Paragraph: 200)
Lisa*: "….I have a very strong belief that you as the therapist, you're not different when you're outside the room.You obviously ... you have your boundaries inside the sessions and you work ethically and you're aware and you don't share personal bits of yourself. But in essence you're still the same person and that's what gives treatment its strength. If you leave that outside the room and you just become a robot doing A, B, C, then I don't suspect you'll have any success…..Umm and I guess that's a very core part of my identity as a therapist …it's not just the profession that I've added on to myself. It's more a profession that's come out of who I am…"* (Paragraph: 108-109)
Philippa: *"You see that's the difference in a sense. With a lot of years of experience before coming into the training for chartered status, you bring all of that stuff with you. It's not as if people are giving it to you in those two or three years"* (Paragraph:134)
Shaun: *"Umm but, at the time, the ... the focus of the training where I went, at the time () which was a phenomenological/existential training, was*

what fitted me most in terms of my beliefs and the way I would like to think with people about things. And this is why I wouldn't have done clinical psychology, even though I could have ... grade wise I could have easily applied. But it wasn't interesting ... I wasn't interested ever. It's a good question actually. It was quite clear to me that I wanted to be a counselling psychologist rather than a clinical psychologist". (Paragraph:134)
SUB-THEME B: Training, or lack of it, as influencing professional identity
Paul: "*I can't shake off the stuff that I learnt as an undergraduate*". (Paragraph: 154) Thomas: *"…when someone asks you to do something which I don't really do, such as a second opinion on a diagnosis which doesn't really fit in with the humanistic call for counselling psychology…I just don't have the training…I mean, it wasn't part of the training. If I was trained in it, it'd be alright, but I'm not".* (Paragraph: 65) Dean: *"…I think the particular path you take during your training, whether you go down the sort of psychodynamic way or you go down the CBT way, umm, makes a distinction between [*sic.*] how you see yourself I think".* (Paragraph: 190) Lisa: *"I think ... I think we were taught to believe that counselling psychology is more about working with a range of different people with more life stage problems rather than psychiatric problems*".(Paragraph: 50) Shaun: *"I supervise two trainees from () that's completely different training in many ways…. They will come out as completely different professionals, to be honest, although they're both counselling psychologists. But there's no overlap between the training*". (Paragraph: 235)
SUB-THEME C: Comparison in relation to Clinical Psychologists related to confusion in professional identity
Thomas: "*I suppose I have felt at times that my experience could push me more towards feeling like a clinical psychologist and feeling not sure about what the distinctions are. I know there's counselling psychologists around who want to be clinical psychologists basically. But I've never really kind of been that. I don't know. I've had a bad experience of clinical psychologists and assistant psychologists, I think. Well 'bad' isn't fair. I didn't like it, I suppose, is a fairer way of putting it. I just felt like counselling psychology was, as I've explained, just fitted with my sort of beliefs better. And so I wanted to maintain that identity. It's felt a bit like ... it's felt a bit tricky doing that at times. And whether ... I don't know, whether sort of like just doggedly holding on to this identity if you sort of, I don't know, damage your prospects of progressing in an NHS setting. I don't know. I don't really think that but ..."* (Paragraph: 75) Phil: *"I also feel some frustrations when ... because there are many times where counselling psychologists and me as a counselling psychologist have*

been discriminated against compared to other types of psychology. *And I have developed a belief that when there is discrimination, people almost dig their heels in. And definitely I find myself doing that, so then identity becomes much more significant, just as part of the experience of having been discriminated and almost honouring my right to be a counselling psychologist. I choose to be a counselling psychologist and that being valued appropriately."* (Paragraphs:58-59) Lisa: *" I think ... okay, so I think something else that comes to mind is that in my experience of counselling psychology - and this might be more just (home country)based, I'm not sure actually - umm is that back home clinical psychology is very much put up there on a little pedestal and counselling isn't.* *Umm counselling psychology is very quickly seen as something that anyone can do or it's sort of minimised quite a bit. Although when ... when someone walks through your door, especially in private practice, you don't really know who's going to walk through your door do you? So there's a big sense of… we actually end up doing the same work umm as other professionals, but it's not necessarily…it's seen in a very different light than what it actually is "* (Paragraph: 61-62) Shaun: *"I don't say I'm a counselling psychologist. I wouldn't say I'm a clinical psychologist because I'm not. I'm just referring to myself as a psychologist. Umm because (a) I have had negative feedback for being a counselling psychologist. (b) There are some things with counselling psychology that does bother me and that is when it becomes too relational and sort of not ... nothing scientific or pseudo-scientific in it.* *Umm, so I'm not sure that my identity I see fully as a counselling psychologist. I would say I'm a ... I would say I'm a clinician. I'm a psychologist. As I said, I'm also trained as a psychoanalytic therapist. Umm, the only thing that from counselling psychology that is in my identity is a belief in the relationship and the necessity for working relationally. Yeah?"* (Paragraph: 106-107)
SUB-THEME D: Different professional selves
Jeffrey: "*I don't feel it competes with my other work at all umm, but they are separate; they're not the same thing. Umm, I know when I'm doing one and I know when I'm doing the other and I don't get confused about that".* (Paragraph: 250). Thomas: *"There's lots of other aspects to the job as well. I mean being a supervisor as well, that sort of ... it's quite similar but a bit different as well. It's more a sort of educative element to it and a managerial bit. So umm, I suppose this process of taking up more of a position of authority, that's part of it. Umm, and that's a shift ... yeah, I suppose it's a shift for me because I've always been ... prior to this job I've been in a sort of role where you carry on and focus very much on the therapy, but you don't have responsibility for other people particularly."* (Paragraph:88) Phil: *"Someone has multiple identities in relation to whom we relate to. I mean, in terms of models, often I come back to the issue of language. Maybe I'll come back to that later, but for me in terms of identity, someone can have multiple identities. Some identities can be conflicting. There's no question about that. Like someone's obligations to one member of their family may be conflicting with their obligations of what one person may want, what may the other and sometimes there are tensions. But actually, people have multiple relationships. And the self is a larger one that needs to encompass and contain".*(Paragraph:103) Philippa: *"…we talk about split personalities and I'm not talking about splits. I'm talking about, you know, there's ... there's ... when I run workshops*

there's the extrovert part of me. When I'm in a party, a big party, then I'm very introverted. I find I have social difficulties in that I'm very happy to stand and talk to one person or to stand on the edge and listen. But I'm quite inhibited in some ways, because my mind always goes blank and I never think of anything to talk about. Whereas if I'm at a dinner party, I can talk quite happily. So I'm using ... you know, there's different aspects of myself.

The professional self, the person ... there is a professional self, the part that is very aware of the other's boundaries, of my responsibility to deliver within my capabilities to the other person in terms of, as far as I can, appropriately to the demands of therapy". (Paragraph: 220-221)

SUPERORDINATE THEME 2: THE CONTRIBUTIONS OF CBT TO THE "PROFESSIONAL SELF"

SUB-THEME A: Sense of self-efficacy when CBT is experienced as working

Jeffrey: *"They (the clients) get less dominated by their feelings. They become calmer and more able to ... to lead their lives generally. So I feel rather pleased about that and I think I've done some good ... some good work with some of these people."* (Paragraph: 200)

Paul: *"…and it's really nice when somebody says six sessions later, "Thank you very much. I feel a lot better. I can now go on the train and go to London". Great. So I feel like I've done good".* (Paragraph: 74)

Thomas: *"It shifts, this sort of feeling of anxiety at times. But then I suppose the more positive times when I'm sort of engaged with the client, it feels really sort of productive or something...Umm when again, that's sort of when I think the client has grasped the rationale and they're able to sort of run with it a bit and that feels really productive. And it's that thing ... I suppose it's the positive bit of having a shared task that when you feel like you've really laid out the task in such a way that it's understood and you're working on it together, then that's really good, I think. So that's very ... that's rewarding. I don't know... there's sort of two ends and I was thinking in-between, between feeling anxious and quite sort of pleased and productive" (*Paragraph: 186-187)

Phil: *"I feel excitement, both in terms about me sharpening my skills and knowledge, but also really making a difference for a clients' life".* (Paragraph: 227)

Dean*: "Ah you have to be careful because you can feel ... [07:40?] you can feel incompetent and useless and a waste of space, umm, because so few people actually recover. You get relapses and so forth quite frequently, and so forth. Umm so, you know, it's ... you have to be careful about that, that you don't let that get build up."* (Paragraph: 69)[sic.]

Lisa: *"…when ... I mean when CBT works, it works beautifully and it's really nice then to be a CBT therapist because it feels very efficient and it feels very effective and I feel very proud of myself that I know what I'm doing"* (Paragraph: 209)

Philippa: "…*at the risk of not liking what I'm about to say, I experience myself as effective in a way which is more clean cut when I'm working with ...(CBT)than when I'm working psychodynamically or I'm working in a purely client centred mode, because of course it's less focused. So, you know, the goals, you can hit them. Yes, yeah. So in that sense the feedback is very explicit and therefore allows me to feel, in general, where it works, that*

I'm being more effective." (Paragraph: 281)
SUB-THEME B: Eliciting pragmatic/masculine aspects of the self
Jeffrey: *"With CBT I'm more of a technician".* (Paragraph:224) Phil: "*...some of the time I'm having the image that I use sometimes with training of swimmers. When people learn swimming, or any sports actually, often you have to isolate muscles,…. I think it's good practice at times to really focus on specific areas and really zoom in on those. And in some ways that's what I think some of the focus of techniques in CBT does".* (Paragraphs: 232-233) Paul: *"…it's kind of like changing gear in my car now. You know, you don't think about using your left leg to put the clutch in to move your .... You don't think about using your left leg and your left arm in co-ordination. You just change gear. That's what CBT's like for me".* (Paragraph: 64) Lisa: *"I would think the logical side is much more ... I'm much more umm intellectual about things now, so that's grown. I bring that a lot to my work. Umm, sort of an ability to analyse critically umm which I ... I think I used to bring that before as well, but now it's much more developed.* *I think my patience has actually lessened since I've done CBT. I'm not sure why. So I've got less patience now that I'm working in CBT. I think it's partly because of the pressures of the service. It's a short term treatment, so there's much more pressures on getting people better"* (Paragraph: 142-143) Philippa: *"I suppose the very focused part, the mechanical, pragmatic, slightly masculine part which I ... CBT, when you're doing it, , is so much easier than some of the other therapies."* (Paragraph: 229) *"Well it is a masculine part of me. You know, I'm a masculine shopper. I go in, I'm extremely goal focussed. I don't do the girly thing and go round all the shops. I go in, I know what I'm going in for and I know where to go for it. Yes. I mean that's just an example of masculine".* (Paragraph: 237) Shaun: *"… (CBT) it probably features with almost every patient I work with. But the only time that I say I'm actually using CBT is when I give a patient very clear instruction on doing something, either filling something out or doing homework".* (Paragraph:157)
SUB-THEME C: Freedom to be authentic
Paul: *"... in sessions I'm probably about as animated as I am now. Umm, so there's lots of hand movements, there's lots of umm animation [?26:41] in my voice".* (Paragraph: 104) Thomas: *"But then actually doing it, in an odd way it felt like the structure of it was kind of a bit liberating actually, a bit freer to be yourself than in a person-centred way, in which you're actually having to kind of monitor and watch how you are….It almost felt a bit more boundaried because you're working more with your person, so you've got to be more aware of that. Whereas in CBT I felt like focus on the techniques and the things you're doing, you didn't have to worry ... I don't know, like making a joke about something. Whereas with person centred you feel a bit more careful about that sort of thing"* (Paragraphs: 102-104)

Phil: *"...some of the time I'm having the image that I use sometimes with training of swimmers. When people learn swimming, or any sports actually, often you have to isolate muscles, whether it is even using a float and just using the upper body or the lower body and alternating. It doesn't mean that it is wrong, swimming with the whole body. And actually, swimming with the whole body is an ultimate goal.* *But in order to ensure that someone does not overcompensate or keep on compensating from one muscle, the stronger muscle for the weaker muscles, I think it's good practice at times to really focus on specific areas and really zoom in on those. And in some ways that's what I think some of the focus of techniques in CBT does. It allows to ensure that countertransference is not just a cover without us becoming aware of it. Or any kind of simply knowledge limitations do not take over. And actually we are able to genuinely be with a client and track the client as much as we can, and better possibly than if we didn't have any periods of practice where we isolated our techniques and said, okay… now let's focus now on guided imagery ".* (Paragraphs: part 232-233) Philippa: *"... I'm tempted to say that I'm not that different privately to what I am as a professional. It comes from a belief that clients know when we're authentic, so I don't have a professional self beyond the part of me that teaches, the part of me that teaches clients, the part of me that educates. I obviously tend not to educate in my private life very much I mean. But the use of self is the same.* *There isn't a professional persona in one sense. I am me. And in a sense I see that as my strength. That may sound very narcissistic, but it ... it ... it feels authentic somehow. I don't want to be different in one role to that in another, because that wouldn't feel comfortable. It's something about truth."* (Paragraph: 186-187)
SUB-THEME D: Coping with interpersonal anxiety
Jeffrey: *" CBT people don't seem to think it's important to go into the depth of the therapist. Umm and so I feel as if ... if I do the requisite things that they ask me to do, none of them seem to be impossible, hard to understand so ...And usually it's a more short-term engagement and so I don't really need to get deeply involved with the client. I just have to do the correct things, follow the manual so to speak."* (Paragraph: 190-194) Dean: "*Yes. That's what I'm saying. That CBT and believing that it's effective or helpful allows me to cope with the amount of stuff that's dumped on me because I feel as if I can do something about it. Even if it's only a limited amount, I can do something, rather than feeling helpless like you feel if you look at some war or something. What can I do? You know, you can say, I can go on a demonstration, but no-one's going to take any notice of that and so you feel helpless. Whereas here, CBT gives you something so you don't feel helpless. You can do something and you've got the opportunity to do something. And that makes it easier, at least for me, to take the emotional dump that clients do, yeah?"(*Paragraph: 269) Philippa: "*the EMDR work, a lot of it is pre-verbal. It's a fast information processing technique which is often ... much of it is pre-verbal. But because so much of my work is trauma based, you get an awful lot more detail than you would want at times.* *And obviously the transference effects, which you get to a degree in CBT, nothing like as powerfully as you do in some of the other ways when you're working. But I mean, that depends on the nature of the client that comes, because, you know [sighs; pause], you can have a very distressed client. But when you see that you can work with them using pure CBT or something which is pretty simply CBT, it's a huge relief for me, you know [laughs]."* (Paragraph: 232-233)

SUPERORDINATE THEME 3: HOW CBT COMPROMISES THE "PROFESSIONAL SELF"
SUB-THEME A: Limitations as a therapeutic approach and its impact on self
Thomas: *"So it does feel as though you can get into a bit of an antagonistic thing. And then well...antagonistic's the wrong word. But you're trying to push someone to do something which they don't feel able to do. And in that case I had to then step into more intensive exploratory therapy to understand what the blocks were. So I had to step outside of the CBT model, it felt like".* (Paragraph: 160-161)
Dean: *"…the only treatment with any evidence behind it with psychosis is CBT, because it is structured. Umm but, with that said,if you try and just do pure CBT with someone with psychosis, you won't get very far because you have to do a lot of other things to try to keep to engage them and on to it. So you're getting CBT in, yes CBT is the umm methodology you're using, but there's a whole lot to engage with the kind of activity that's going on around it ".* (Paragraph: 88)
Lisa: *"Umm but I'm seeing it much less now as a loss and much more as a ... you know, just another evolvement of how ... how I've learnt to work. I do ... I miss my old way of working definitely and I ... I don't know though. If I go back ... for example, if I decide I'm going to go back to (home country) and work in that same context again, it might be that I'll be able to do that again.* *But for now it feels like it's really taken a lot away from me. But particularly in that more creative, you know, just catching on with things and just grasping umm the essence of things.* *Now much more I'm going like, what does the textbook say about this? Which takes you away from that sort of wisdom I think."* (Paragraphs: 192-194)
Philippa: *"…professionally I would not choose to use it as my sole model because I don't think it's effective. It's fire fighting. Where you've got trauma, CBT on its own is fire fighting and, as a professional, I wouldn't do it because it is not ... apart from it's not the choice of therapy that ... NICE don't recommend it. I know from experience that if you don't diffuse and resolve and desensitise the historical material, then working with the here and now is generally a load of ... waste of time."* (Paragraph:289)
Shaun: "*I've had CBT for OCD, it doesn't work. And I say, no it doesn't work. Let's take it a notch deeper, because that's what I really think to be honest okay?"* (Paragraph: 91)
Paul: *"I would say it enhances my sense of professional identity for other people. I would say it diminishes it for myself because it's actually ... one of the criticisms about CBT, and it's the criticism of anything that then starts to get a codified set of rules around it like football, for instance, is it constrains it and that really upsets me because I'm all about growth, not constraint".* (Paragraph:162)

SUB-THEME B: Compromises practitioners' therapeutic presence
Paul: *"... it's like theatre, isn't it, you know?"* (Paragraph: 96)
Thomas: *"….It does to me feel less focussed on the client, maybe because of my anxiety about doing it right. But you're focussing on what you're doing. It's like you've got shared tasks together. So you're both focussing on doing the shared task. Whereas in person centred you're focussing on the person, which felt a bit more intense."* (Paragraph: 114)
Lisa: *"Yeah, probably more distracted in a strange way. Umm [pause] because you ... suddenly you're not just in the room being able to just focus on what's happening in the room. You're also having to hold this big piece of ... this big box of rules in your head around what you should be doing, what you should be thinking about, how you should be phrasing that question you know. So it's almost like suddenly there's a third person watching me the whole time which creates a bit more of a hesitance sometimes in the room"* *Whereas before I don't think I had that sense. You know, it was just ... it was much more just in the moment, just working with what's in the room which felt much more ... much easier I think.* *Umm, yeah. So I think CBT also has a tendency to burn me out more than ... than my previous work had."* (Paragraph: 150-151-152)
SUB-THEME C: Systemic and societal pressure as generating performance anxiety
Lisa:*" ... it's almost like an evaluator that stands there with a little notepad - like yes, no, yes, no, or you forgot about that or... [laughs]. So it's sort of a critical voice I guess umm that's quite evaluative and quite umm ... yeah, just it's either black and white, it's sort of right or wrong. Umm where I never had that before actually. I just ... it's more ... it has definitely generated now with CBT ".* (Paragraph: 156)
Shaun: *"And this is a bit like CBT because that guy that said to me, well you're a psychologist, you should be trained in CBT and diagnosing people. I don't know what your problem is, he said on the phone. And it's exactly that where I then said, no if I do this I actually will compromise what I believe in. So I had to say no. And this is sometimes how CBT influences my professional identity. It does put me in a ... in an arena where I do something because it's expected to me ... of me, umm and sometimes I do it instead of going with what I believe in more and saying, yes we can do this but ... or we can do this CBT intervention, but I think we have to also think about X, Y, Z".* (Paragraph: 221)
Thomas: "*Having done person-centred stuff which was something you could sort of grow with, to me CBT felt like something that you could sort of get it right or wrong and you have to do this in a certain way or you're not doing it right, umm, and that felt quite anxiety provoking actually coz I didn't feel that sort of sure about it".* (Paragraph: 101)

SUB-THEME D: Reduces authenticity
Jeffrey: *"There are two attitudes that are very common in ... in ... in the therapy field - the instrument and the authentic……The instrumental wants to get results. It's about aims and goals and achievements and cure and stuff like that. An authentic approach is more about meeting the person in the room…..So when I'm doing CBT, I'm actually kind of switching off the ... the ... the umm authentic side. I'm not trying to be authentic with a CBT client, I'm trying to be a good instrument."* (Paragraph: 138-142).
Lisa: *"And it's umm ... so I think in terms of my professional identity now, it's filled with a lot more doubt and a lot more uncertainty umm than what it was before. And I think it's changed me in terms of umm the prescriptiveness around it.*
So I think it's made me ... it's stripped me from things that I ... I usually feel I bring quite naturally to an environment. It's almost in a way made me have to stop that, you know. It's almost maybe something that's quite automatic and making it very manual so that I have to edit myself and think about when is it appropriate to do that? When does that fit in with CBT and when doesn't it? Umm yeah, so that's quite sad to me actually, but it's not something that I ... yeah, yeah, I think that's about it". (Paragraphs: 213-214)
Shaun: "…*at times I experience myself as a con man"; "…a con man is someone who sells you something which isn't quite what it is… a quack English people call it as well. A sort of a bad medicine man yeah who sells you a quick fix. And that's exactly how I often feel when I work with CBT. I feel I'm selling a quick fix"* (Paragraph: 195; 197)